

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John, S. Alderson*

Died at *Bear Creek* Town *Balto* County

Date of death 190 *3* Month *9* Day *9* Age *15* Years Months Days

Sex *male* Color or Race *white* Birth-place *md*

Married Single or Widowed ☒ Occupation

Name of Wife or Husband *Mr. W. Alderson*

Father's Name *Mr. W. Alderson* Father's Birthplace

Mother's Maiden Name *Mr. W. Alderson* Mother's Birthplace

Name of person giving information *Mr. W. Alderson* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Accidental Drowning* How long

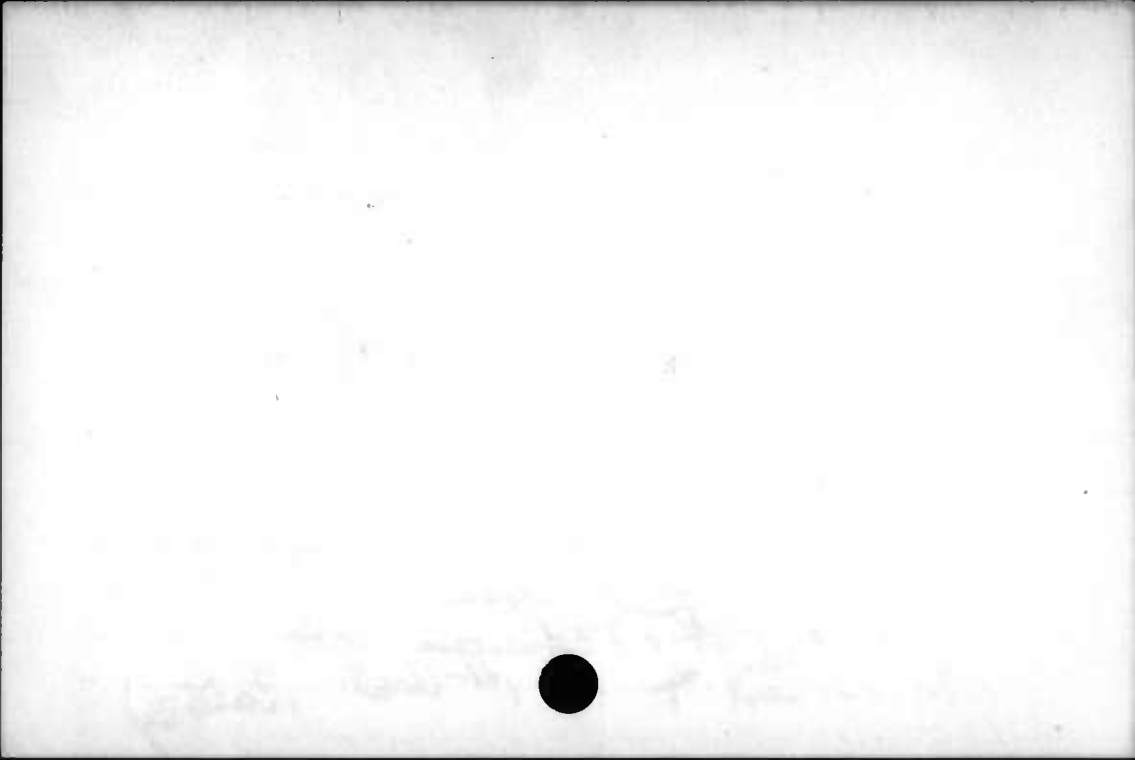
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. F. Muller, Coroner*

Address

Accident ☒ Suicide?



Name
in
Full

Charles Anderson

CERTIFICATE OF DEATH

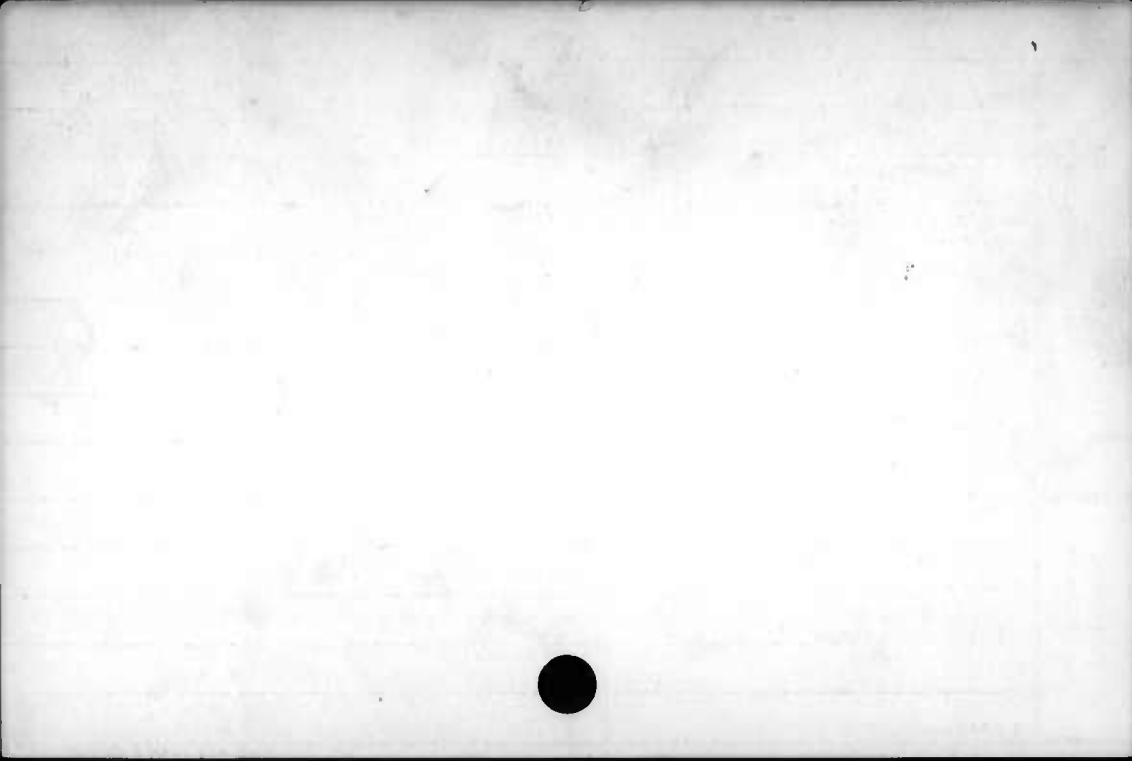
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>5</i>	Age	Years <i>63</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>				
Married, Single Widowed			Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Mary Anderson</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Richard Johnson</i>				How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>8-10 months</i>
Immediate	<i>Chronic Asthma</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Guy elvis Green M.D.</i>	
<i>yes</i>		Address <i>Towson Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Frederick Ansd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Franklinton</i>		^{County} <i>Baile</i>		MARYLAND	
Date of death 190 <i>3</i>	^{Month} <i>Sept</i>	^{Day} <i>12</i>	Age ^{Years} <i>5</i>	^{Months} <i>5</i>	^{Days} <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Franklinton</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Herman Ansd</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Ault</i>			Mother's Birthplace		
Name of person giving information <i>Herman Ansd</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infusum</i>	How long <i>One week</i>
Immediate <i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel Munroe</i>
	Address <i>Dickeyville, Ind.</i>
Accident or Suicide?	

Sullivan Church

Paulus & the Co.

N. S. Marshall
St Mary Sampson
~~Aug~~ Sept. 4-03

Name
in
Full

George M. Ballentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highland</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>Sept.</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>5</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Co.</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Clarence Ballentine</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Maggie Gammie</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Herrwig</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastric Enteritis</u>	How long <u>3 weeks.</u>
Immediate <u>Capillary Bronchitis</u>	How long <u>6 days.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. Gantz</u>
	Address <u>41 Eastern Ave. Est.</u>
Accident or Suicide?	

MA Carmel

J Herwig & Son

Name in Full

Certificate of Death

Martha Barton

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9

17

Age 80

☒ Male☐ White☐ Married☐ Widow☐ Divorced☐ Female☐ Colored☐ Single☐ Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Paralysis

Came to Institution
paralyzed July 8, 03

Accident, Suicide, Homicide

Reported by

Dr. Thos. C. Bussey

Address

Texas
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairview</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>9</i>	Day <i>9</i>	Age <i>43</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>	Birth-place
Occupation <i>None</i>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name		Father's Birthplace	
Mother's Maiden Name <i>Janet Briggs</i>		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. H. Wilson, Jr.</i>
	Address <i>Harblawing</i>
Accident or Suicide?	

Certificate of Death

May E. Barton

died at Fairview, Balt. Co. Md
date 1903. ^{m. d.} 9-9 age 43. ^{occupati-} - - - Md - none

Female, colored - widow - no children none
wife of - Barton

Father's name - none mother's name Janet Biggs

Cause - Paralysis

John H. Hadd

Joett Wilson M.D.

Rockbury Md.

Name
in
Full

Myrtle Marie Biggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Roland Park

Baltimore Co

MARYLAND

Date

3 Sept

75

Age

Years

Months

19 Days

of death 190

Sex

Female

Color or
Race

white

Birth-
place

Roland Park

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Wm A Biggs 105

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Daisy Blades

Mother's
Birthplace

Worcester Co

Name of person giving
information

Myrtle A Biggs

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Enterocolitis

How long

one week

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

T. Tibbons Truck

Address

Roland Park

PHYSICIAN
OR CORONER

Accident or Suicide?

A. S. Mars Hall

3539 Falls Road

St Marys, Hamden

Sept 27-03

Kate Cecelia Bilz

Died at Lanarville Balto MARYLAND

Date 1903 Sept 13th 1903 26 11 2 Balto Co Nothing
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of

Father's
Name Joe Bilz

Mother's
Name Barbara Bilz

Cause of { Primary Tubercular Phthisis How long sick 2 years

Death { Immediate Exhaustion Accident, Suicide, Homicide

Reported by Joseph B. Saunders M.D.
 Address 219 E. Queen Baltimore Md.

F. Lassahn & Son

Holy Redeemer Cemaety

Sept 16th 03

Name
in
FullHelen Gertrude Bradley
Died at *Comard Sanitarium* ^{Town} *Baltimore* ^{County}

CERTIFICATE OF DEATH

MARYLAND

Date of death *1903* ^{Month} *Sept* ^{Day} *23* ^{Years} *1* ^{Months} *2* ^{Days} *15*Sex *Female* Color or Race *White* Birth-place *Baltimore Co*Occupation *none* Where Residing if not at place of death~~Married, Single~~
~~or Widowed~~

Name of Wife or Husband

Father's Name *Hugh F. Bradley* ⁶¹ Father's Birthplace *Ireland*Mother's Maiden Name *Mary Newman* Mother's Birthplace *Washington D.C.*Name of person giving Information *Lewis H. Hendry M.D.* How related to deceased *none*

CAUSES OF DEATH

Primary *Cerebral Meningitis* How long *About 3 weeks*Immediate *Exhaustion* How long *one week*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Lewis H. Hendry M.D.*Address *Augusta & Fred Ave
Baltimore Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Long Greens. Balto Co Md
Jos B Cook

Name in Full

Certificate of Death

Mrs Lorisia Brown

Town

County

Died at *Howardville, Bacto*

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

*9**7*

Age

*77**Germany*~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widowess~~

Number of children living

—

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Senile debility

How long sick

many mths

Death

Immediate

Mania, Exhaustion~~Accident, Suicide, Homicide~~

Reported by

W. O. E. Nym

Address

Piscoville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88988



Name
in
Full

Abraham L. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Owings Mills</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>9</i>	Day <i>7</i>	Age <i>36</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Balti. Co Ind.</i>				
Occupation <i>Hostler</i>			Where Residing if not at place of death <i>near Owings Mills</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Isabella Campbell</i>						
Father's Name <i>Alexander Campbell</i>	Father's Birthplace <i>Balto Co</i>						
Mother's Maiden Name <i>Frances S. Warfield</i>	Mother's Birthplace <i>Balto. Co</i>						
Name of person giving information <i>Alexander Campbell</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate <i>Lepthemia</i>	How long <i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. T. Boll</i>
	Address <i>Lanham Mill Md</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Playsius: T. Cavanaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Sanitarium</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death 1903	Month <i>IX</i>	Day <i>2</i>	Age <i>76</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Rockville, Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Contractor</i>			
Name of Wife or Husband					
Father's Name <i>Timothy Cavanaugh</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Ellen Cavanaugh</i>			Mother's Birthplace <i>None</i>		
Name of person giving information <i>Timothy Cavanaugh</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sunshot wound</i>	How long	<i>Immediate</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>August W. Miller, Coroner</i>	
		Address <i>Mr. Winans</i>	
		<i>Balt. Co. Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

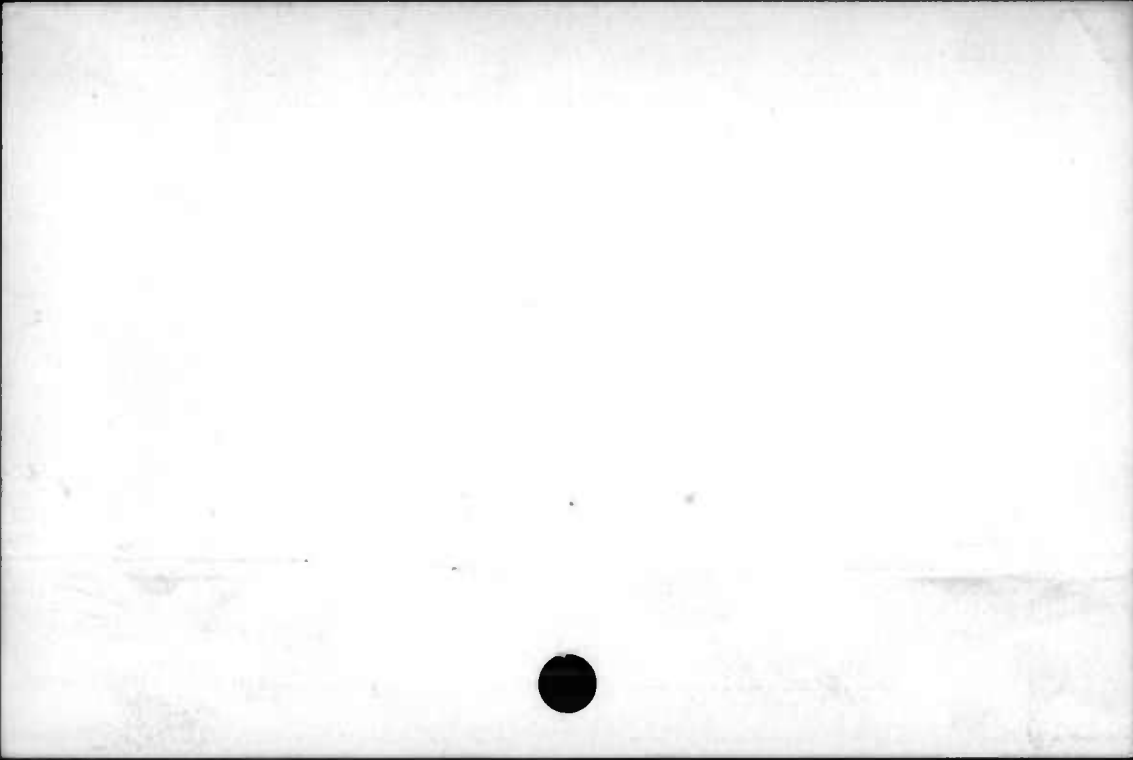
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		27.		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. W. W. W. W.	
Address		Rosherville - Md	
Accident or Suicide?			



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margaret K. Chenoweth* Town *Herrmann* County *Baile* MARYLAND

Died at *Herrmann*

Date of death 190 *3* Month *Sept* Day *27* Age Years Months Days *5*

Sex *Female* Color or Race *white* Birth-place *Mo.*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband

Father's Name *Y. K. Chenoweth* Father's Birthplace *Mo.*

Mother's Maiden Name *Mary Allen* Mother's Birthplace *"*

Name of person giving information *Mrs Chenoweth* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping Cough* How long

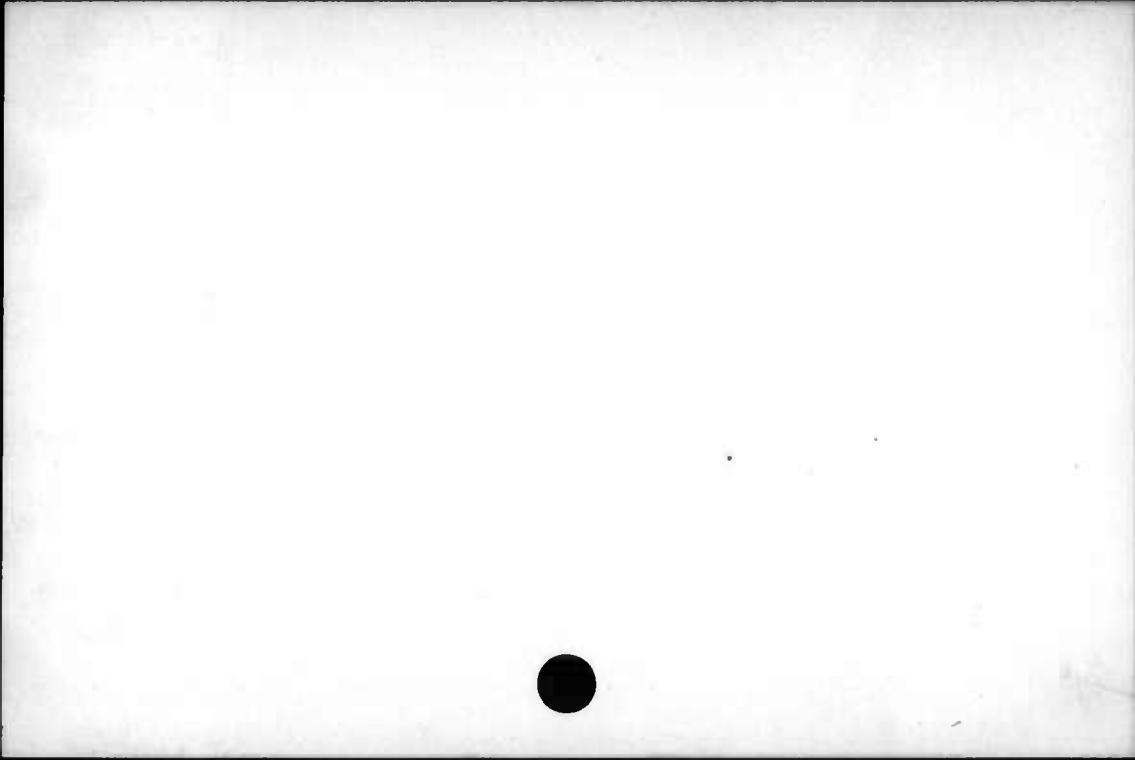
Immediate *3x Convulsion Cerebral C.* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. L. Taylor*

Address *Pikesville*

Accident or Suicide? *No*



Name
in
Full

Ruth Chenoweth

CERTIFICATE OF DEATH

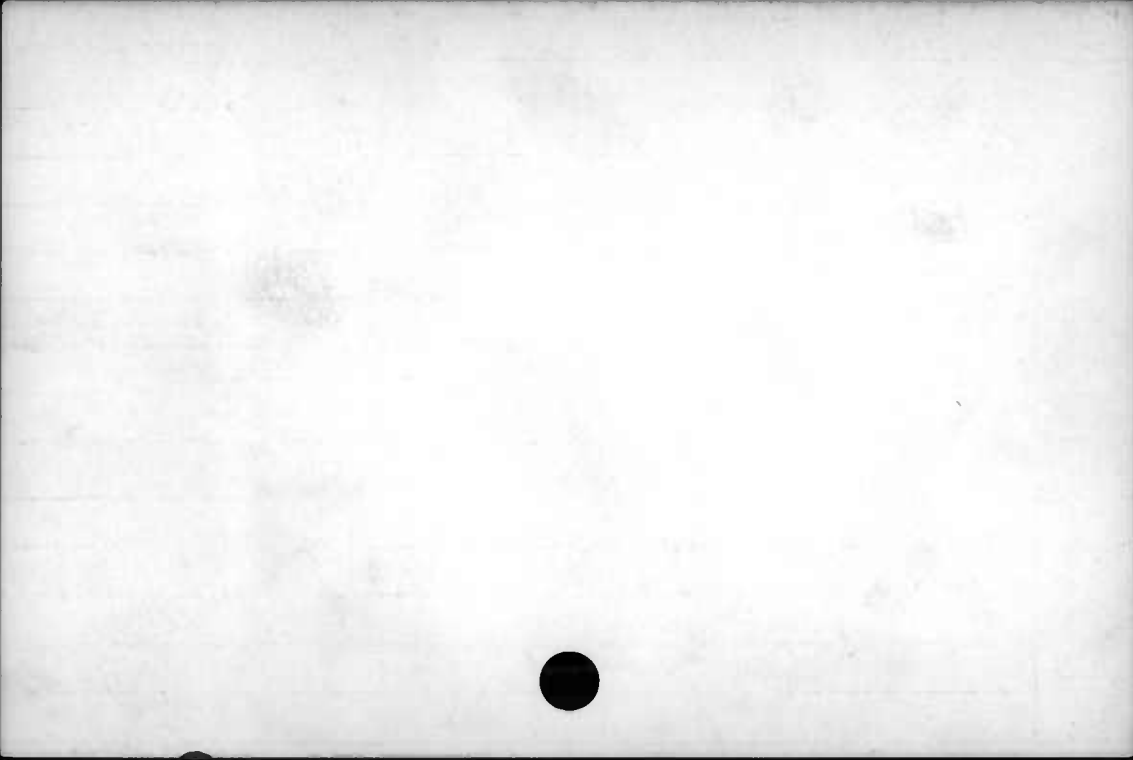
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
3		Sept	2	68			
Sex	Female			Color or Race	white		
Married, Single or Widowed	widow			Occupation	House wife		
Name of deceased	Geo Chenoweth						
Father's Name	Senord Morang			Father's Birthplace	St Marys co		
Mother's Maiden Name	Ruth Gulets			Mother's Birthplace	Baltimore Md		
Name of person giving information	Arthur Chenoweth			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright Disease	How long	18 mos.
Immediate	Paralysis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. M. Seader
		Address	Reisterstown
Accident or Suicide?			



Name in Full

Certificate of Death

Mrs. Mary Cougle

Town

County

Died at near Texas Balto.

MARYLAND

Date 1903 9 9 Y. 51 M. 1 D. 1 Native of Md Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 8

Husband of Alexander Cougle
 Wife Geo. Chauncy
 Father's Name Mother's Name Don't know
 Cause of Death Primary Carcinoma of Uterus
 Immediate + Colon
 How long sick for years.
 Accident, Suicide, Homicide

Reported by Dr. Thos. C. Bussey

Address Texas, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Florence Deitrich

Town

County

Died at

Highland

Baltimore

MARYLAND

Date 189

1903

Month

Day

9 27

Y.

M.

D.

Native of

Occupation

Age

6

md

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Clement Deitrich

Mother's
Name

Florence Deitrich

Cause of

Primary

Convulsion

How long sick

a few hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. L. Warner

Address

1120 Highland

ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19368



Name
in
Full

CERTIFICATE OF DEATH

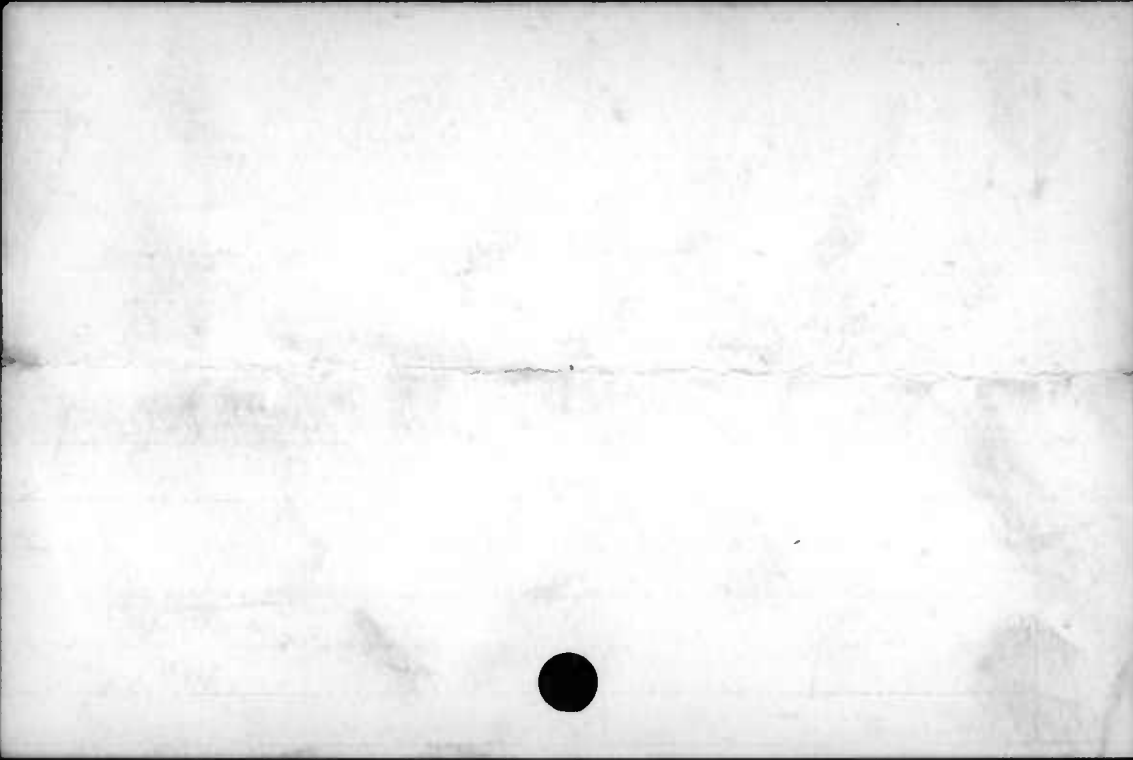
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Scotts Level</i> ^{Town}		<i>Beth</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Sept</i> ^{Month}	<i>23</i> ^{Day}	Age <i>—</i> ^{Years}	<i>9</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Bethesda</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Dixon</i>			Father's Birthplace <i>Carroll co</i>		
Mother's Maiden Name <i>Louisa Groom</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>J + J + J + J</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer Congestion</i>	How long <i>3 months</i>
Immediate <i>by asphyxiation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J + J + J + J</i>
	Address <i>Pandall Station</i>
Accident or Suicide? <i>—</i>	



Name
is
Full

William Dolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Sanitarium</i>		Town <i>Balt</i>		County <i>Balt</i>		State <i>MARYLAND</i>	
Date of death 190 <i>3</i> .	Month <i>IX</i>	Day <i>3</i>	Age <i>44</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Worked in Grain Elevator</i>				
Name of Wife or Husband							
Father's Name <i>Valentine Dolan</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Do not know</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Mary A. Dolan</i>				How related to deceased <i>Sister-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Open organ Tuberculosis.</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. M. Brown</i>
	Address <i>1938 Auden Ave Balt. Md.</i>
Accident or Suicide?	



Name
in
Full

Ethel Irene Easter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Fulton* ^{Town}*Balta* ^{County}

MARYLAND

Date

of death 19

3 ^{Month} *Sept*

Day

19

Age

Years

3 ^{Months}*8* ^{Days}

Sex

*female*Color or
Race*white*Birth-
place*Balta Co*Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Nutrition

How long

Since

Immediate

Exhaustion

How long

*birth*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Wm D Case**Gardenville**md*

Accident or Suicide?

PHYSICIAN
OR CORONER

Western Cemetery

Name
in
Full

Bernadine F. Eckart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept.</i>	Day <i>16th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>21</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>						
Name of Wife or Husband <i>—</i>							
Father's Name <i>Chas F. Eckart</i>		Father's Birthplace <i>Balto</i>					
Mother's Maiden Name <i>Josephine Samolinska</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Jas. R. Truax</i>
	Address <i>3 E. Gough</i>
Accident or Suicide? <i>—</i>	<i>Highlandtown.</i>

Germanus France
Holy Redeemer Cemetery
Sept. 18th 1903

Name
in
Full

Matilda Louisa Eiermann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Highlandtown* ^{County} *Balto* **MARYLAND**

Date of death 190 ^{Month} *3* ^{Day} *9* ^{Age} *30* ^{Years} *—* ^{Months} *3* ^{Days} *7*

Sex *Female* Color or Race *White* Birth-place *Highlandtown*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Henry Andrew Eiermann* Father's Birthplace *Id.*

Mother's Maiden Name *Matilda Louisa Brinner* Mother's Birthplace *Id.*

Name of person giving information *Henry Andrew Eiermann* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *2 wks.*

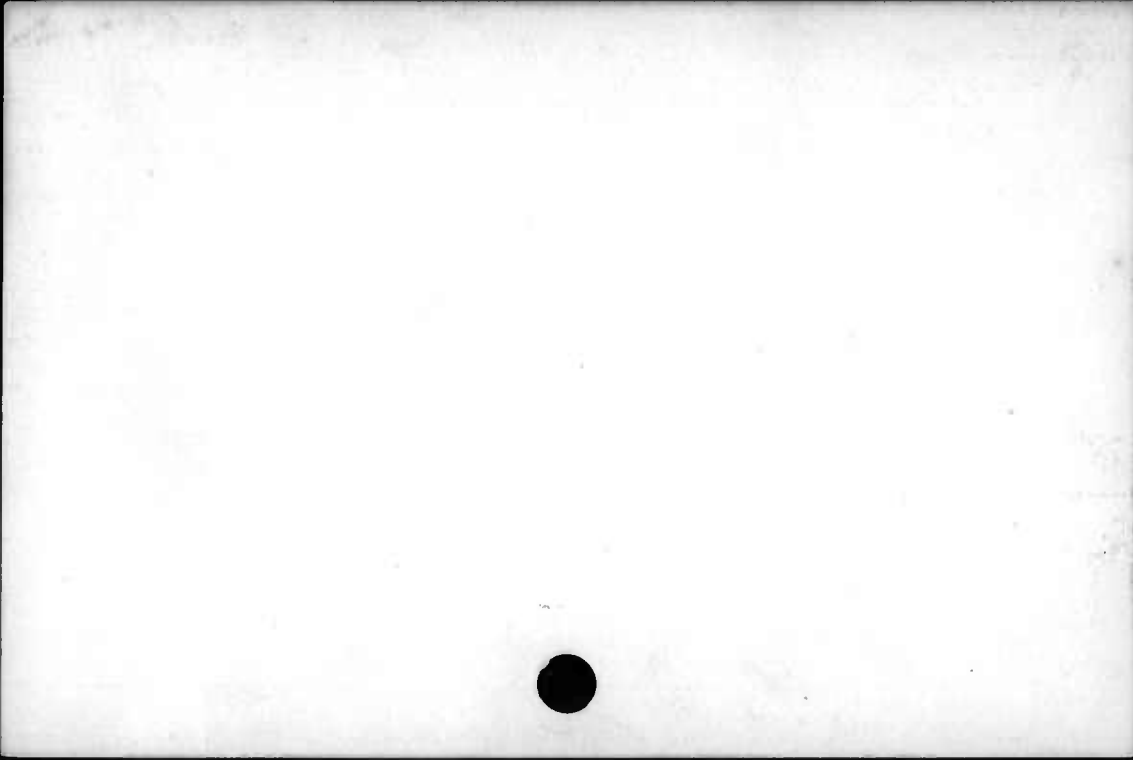
Immediate *Exhaustion* How long *7 days*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Jas L. Gruay*

Address *3 E. Bough*
Highlandtown

Accident or Suicide? *—*



Name in Full

Certificate of Death

Carrall C. Ensor

Died at

MARYLAND

Town

County

Blaine

Baltimore

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9 30

Age

10 3 1

MS-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of
WifeFather's
Name

Mother's

Maiden Name

Geo M. Ensor

Estella Baker

Cause of

Primary

Stomach Poisoning

How long sick

2 da

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. Ross Payne M.D.
Corbett

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Michael & Eva Erhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Highlandtown</i> ^{Town}		<i>Baltimore</i> ^{County}			
Date of death 190 <i>5</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>1</i>	Years <i>0</i>	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>Eva</i>					
Father's Name <i>Michael Erhardt</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Eva Barche</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Michael Erhardt</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>four hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mrs. M. Schoering</i>
	Address <i>2225 Gough St</i>
Accident or Suicide? <i>—</i>	

Lucas Kean Kean

Sept. 11. 1903

Name In Full

Certificate of Death

Mr. Fitzpatrick
 Town County
 Died at *Sanitorium Baltimore* MARYLAND

Date 1903 Sept 5 Month Day Y M D Native of Occupation
 Age *Infant*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

*Still Born**Long sick*

Death

Immediate

Accident, Suicide, Homicide

Reported by

D. T. Burrey M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William F. Leischer

CERTIFICATE OF DEATH

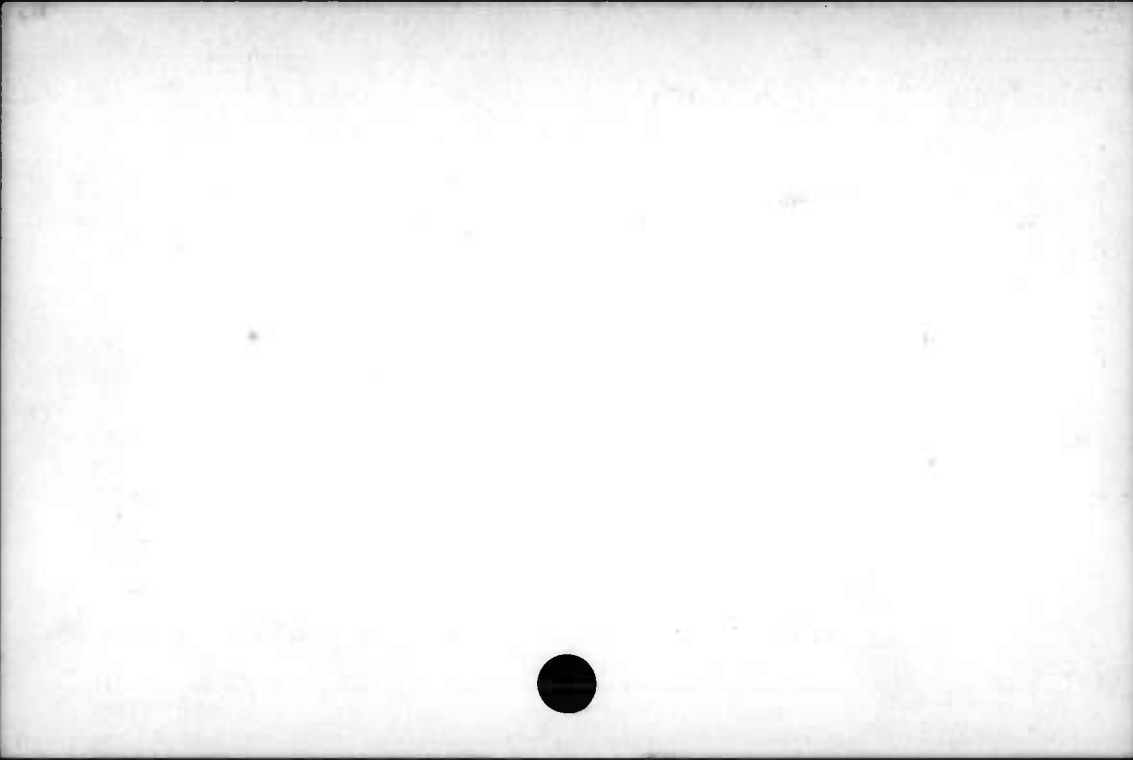
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Sanitarium, Balt.</i>		Town		County		MARYLAND	
Date of death 1903	Month IX	Day 6	Age 24	Years	Months	Days	
Sex Male	Color or Race White	Birth-place Baltimore					
Married, Single or Widowed		Occupation Butcher					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever.</i>	How long	<i>16 days</i>
Immediate	<i>Perforation of intestines (Two)</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Keown MD</i>	
		Address <i>1938 Linden Av</i>	
Accident or Suicide?			



Name
in
Full

Virginia Ford

CERTIFICATE OF DEATH

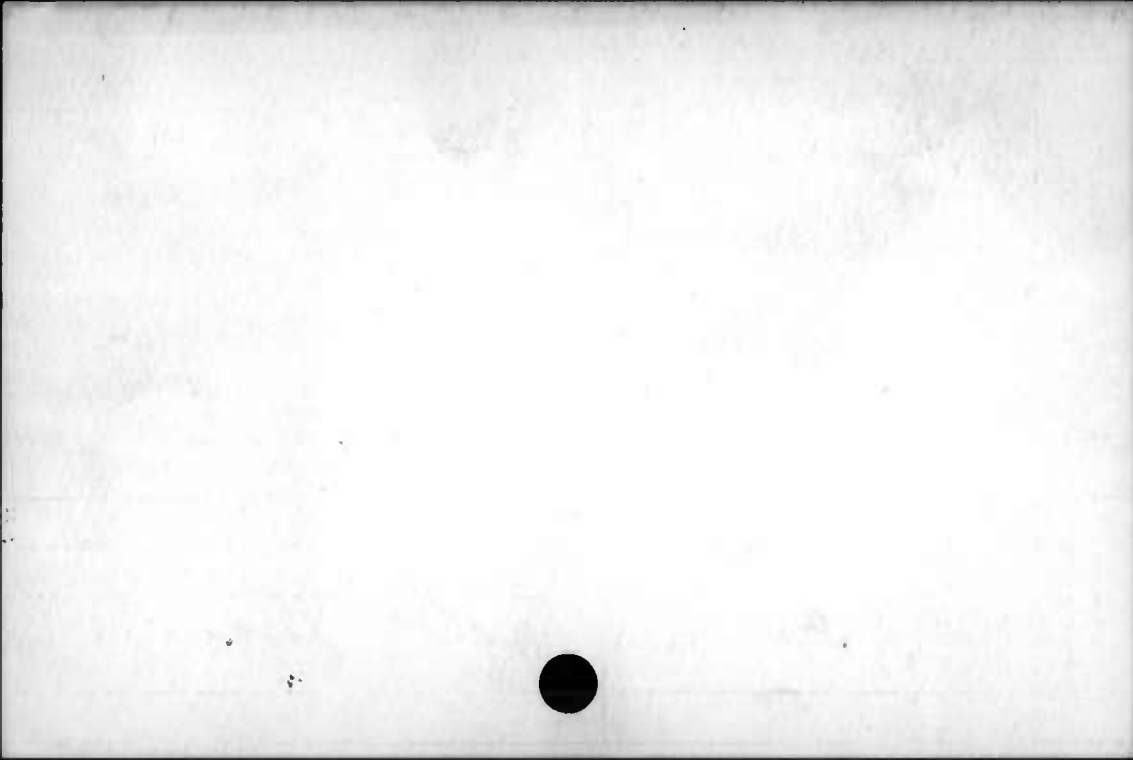
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Govans		County Baltimore		MARYLAND	
Date of death 190	3	Month Sept.	17	Day	Age 26	Years	9 Months 11 Days
Sex	Female		Color or Race	Colored		Birth- place	Charlottesville Va
Married, Single or Widowed	Married			Occupation Housewife			
Name of Wife or Husband	Jno Henry Ford						
Father's Name	George Walker					Father's Birthplace	Unknown
Mother's Maiden Name	Malinda Hickman					Mother's Birthplace	Va
Name of person giving In formation	Jno Henry Ford					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	7 months
Immediate	Anaemia.	How long	3 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. C. Hessler
Yes.		Address	STATION H, (GOVANS), BALTIMORE, MD.
Accident or Suicide?			



Name
in
Full

Dorothea Fortsch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>20th</i>	Years <i>35</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>George Fortsch</i>					
Father's Name <i>John Schumm</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Maria B. Sauer</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>George Fortsch</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lar. Tuberculosis</i>	How long <i>eight mo-</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. L. Blades M.D.</i>
	Address <i>121 Jackson Place. Balt Md.</i>
Accident or Suicide?	

Sacred Heart Cemetery

Sept. 23rd 1903

Germanus France

Undertaker

Name in Full

Certificate of Death

Alice Mayr Foulz

Died at

Corbett

Town

County

Baltimore

MARYLAND

Date 19

03

Month

Sept

Day

12

Y.

M.

D.

Native of

Occupation

Age

1 4

4-8

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo. Foulz

Mother's

Maiden Name

Stella Robinson

Cause of

Primary

Spasms

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

T. Ross Payne M D
Corbett

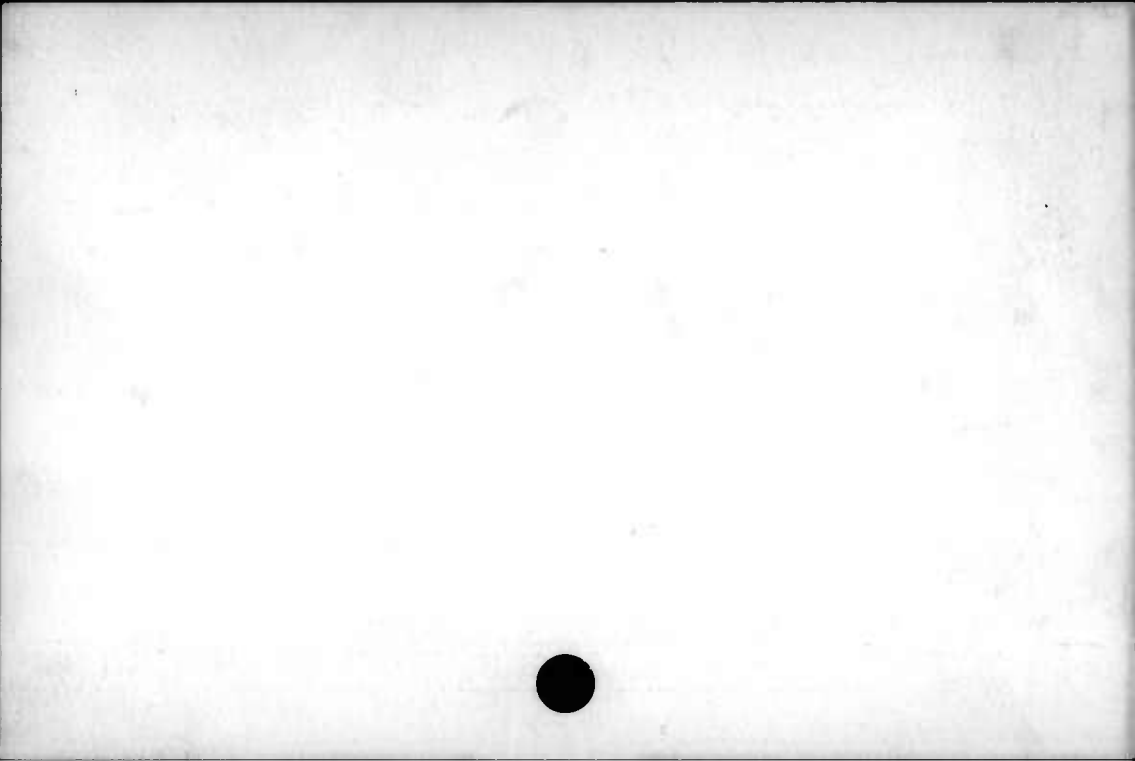
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

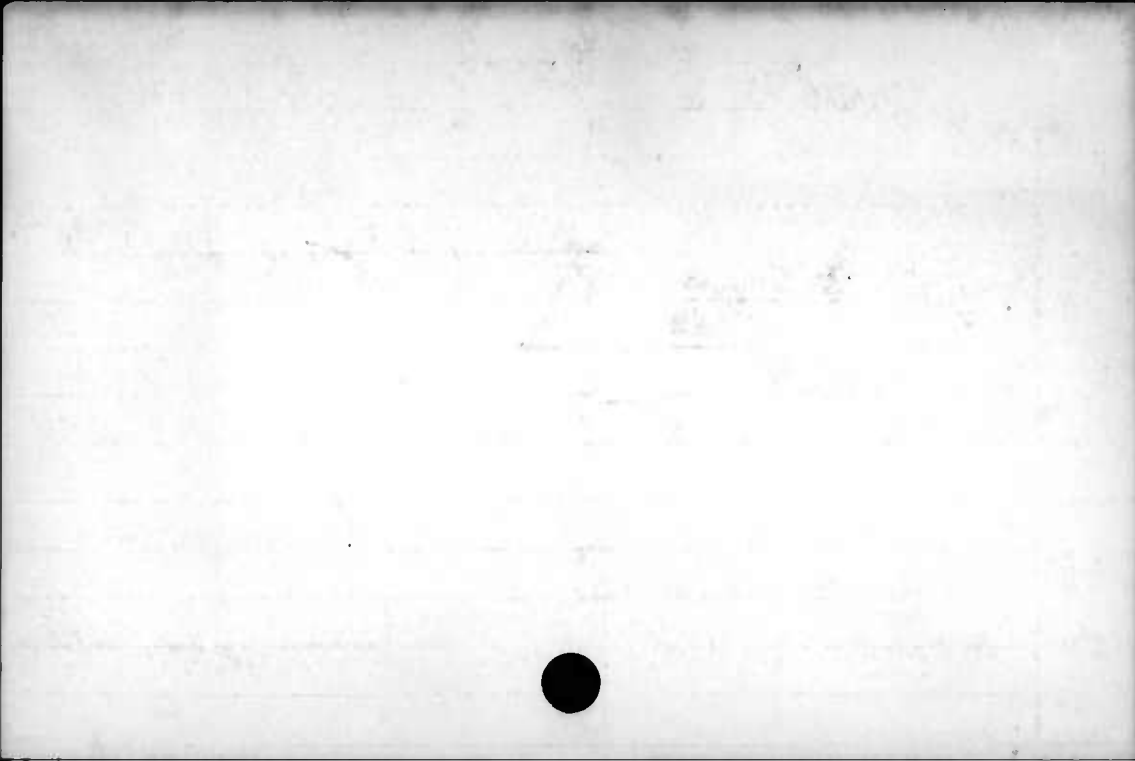
LIBRARY BUREAU, 70000



Name in Full		Ethel Fowlkes				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Sparrows Point	County		Baltimore		
		Date of death 190		3	Month	9	Day	20	
		Age		1	Years	8	Months	Days	
		Sex		Female	Color or Race		Black	Birth-place	Ind
		Married, Single or Widowed		Occupation					
		Name of Wife or Husband							
PHYSICIAN OR CORONER		Father's Name				Bray Fowlkes			
		Mother's Maiden Name				Mattie Fowlkes			
		Name of person giving information				Bray Fowlkes			
		Father's Birthplace				Va			
Mother's Birthplace				Va		How related to deceased		Father.	
CAUSES OF DEATH									
Primary		Scarlet fever.				How long		6 weeks	
Immediate		Pyemia.				How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		yes.				Signature of Physician		J. Schlofeld.	
						Address			
Accident or Suicide?									



Name in Full		Catherine Garrison				Baltimore		County		MAYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Arlington		Baltimore						
	Date of death 190		23 Sept		3		Age 63		Months		
	Sex		Female		Color or Race		white		Birth-place		
	Married, Single or Widowed		widow		Occupation						
	Name of Wife or Husband		George Garrison								
	Father's Name		John Gorey		96		Father's Birthplace		Germany		
	Mother's Maiden Name		Elisa Hess				Mother's Birthplace		C I		
Name of person giving information		Mlle Brandenburg				How related to deceased		Daughter			
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Asthma				How long		four weeks		
	Immediate		Congestion of Lungs				How long				
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		Edwin E. Jones		
							Address		Arlington		
	Accident or Suicide?								M H		



Name
in
Full

Hornace Elmer Gell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Butter</i> Town		<i>Butter</i> County		MARYLAND	
Date of death 1903	Month 9	Day 15	Age 57	Months 8	Days 25
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calonsville</i>		
Married, Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Joseph Gell</i>					
Father's Name <i>Samuel S. Stultinius</i>			Father's Birthplace <i>Vermont</i>		
Mother's Maiden Name <i>Mary Brooks</i>			Mother's Birthplace <i>Calonsville</i>		
Name of person giving information <i>Joseph Gell</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nervous prostration</i>	How long <i>Three years</i>
Immediate <i>Apoplexy (Exhaustion)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Drach M.D.</i>
	Address <i>Butter Md.</i>
Accident or Suicide?	

Please fill out permit
for Black Rock Canyon

Name

in
Full

Emma Jane Gordon

CERTIFICATE OF DEATH

Died at <i>Cella</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i>	Month <i>Sept.</i>	Day <i>30</i>	Age <i>29</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of wife or Husband <i>Henson M Cross</i>				
Father's Name <i>Daniel Gordon</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Elizabeth Gordon</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Henson M Cross</i>	How related to deceased <i>Husband</i>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Typhoid Fever* How long *4 weeks*

Immediate *Heart failure* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

D. J. Byrnes
Address *Edgewood City*

Accident or Suicide? *—*

PHYSICIAN
OR CORONER



Name
in
Full

Williamina Grusey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rosedale		County Baltimore		MARYLAND	
Date of death 190	3	Month Sept	21	Day	Age	Years	Months 6 Days
Sex	female		Color or Race	white		Birth- place	Rosedale
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Frank Grusey		Father's Birthplace	Bonny
Mother's Maiden Name				Anna Burk		Mother's Birthplace	Baltimore
Name of person giving Information				Frank Grusey		How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	

182



Name
in
Full

Michael A. Guiney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

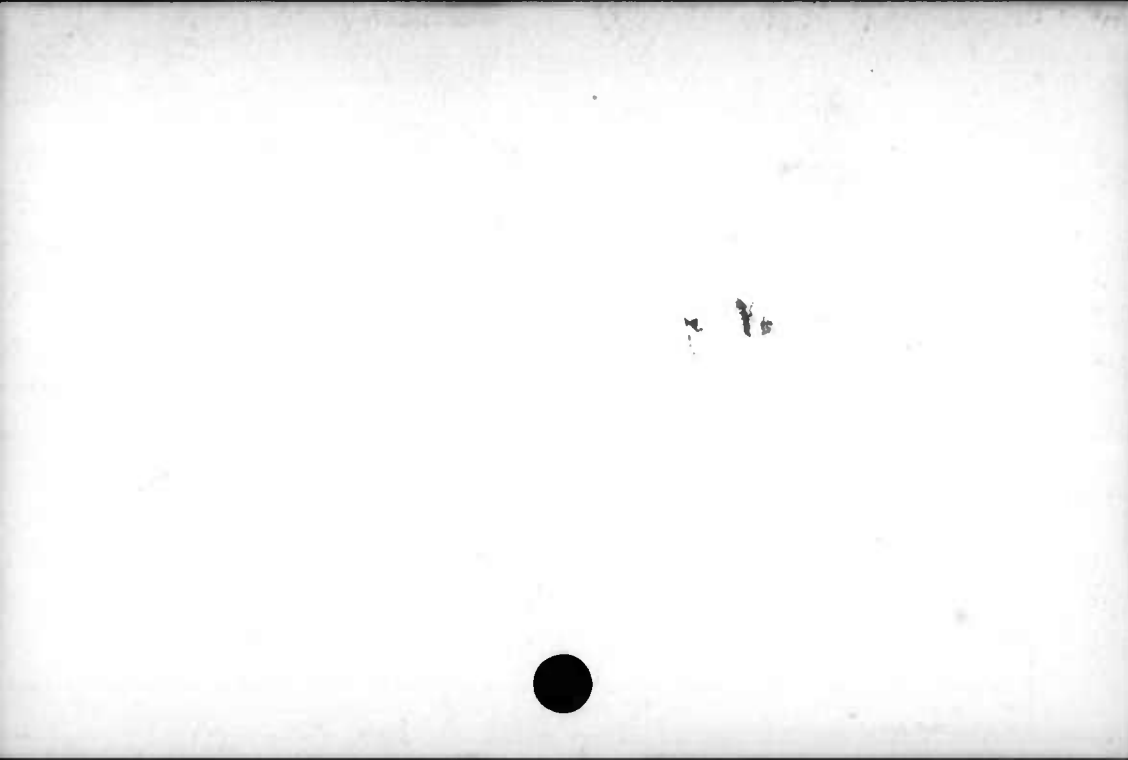
MARYLAND

Died at <i>St. Agnes' Sanitarium</i>		Town <i>St. Agnes' Sanitarium</i>		County <i>13</i>	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>2</i>	Age <i>19</i>	Years <i>26</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington D C</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Contractor</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Patrick Guiney</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Dr. Stoung</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sunshot wound</i>	How long	<i>Immediate</i>
Immediate	<i>Exhaustion</i>	How long	<i>..</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician or Coroner <i>August W. Miller, Coroner</i>	
		Address <i>Mt Winans</i>	
Accident or Suicide? <i>Homicide</i>		<i>Balt Co. Md</i>	



Name in Full		Annie Matilda Hoase				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Keigalantun	County Ballo	MARYLAND		
		Date of death 190		Month 3	Day 9	Age 16	Years 1	Months Days
		Sex		Female		Color or Race	Whd	
		Married, Single or Widowed				Occupation		
		Name of Wife or Husband				Birth- place		Keigalantun
Father's Name		Geo Hoase				Father's Birthplace	Md	
Mother's Maiden Name		Mary Preel				Mother's Birthplace	Md	
Name of person giving In formation		Mother				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Cholera Typhentum				From Delicat		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				48 hours		
		Signature of Physician				E. M. Jarney M.D.		
				Address		304 Bank St Ex 10		
Accident or Suicide?								

St. Paul Cemetery
Hervig & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Panton ^{Town}		Bald ^{County}		MARYLAND	
Date of death 190 3	Sep ^{Month}	19 ^{Day}	Age 40 ^{Years}	— ^{Months}	— ^{Days}
Sex male	Color or Race white		Birth-place —		
Married, Single or Widowed —			Occupation —		
Name of Wife or Husband —					
Father's Name Jermiah Haggerty			Father's Birthplace Ireland		
Mother's Maiden Name —			Mother's Birthplace Ireland		
Name of person giving information Cornelius Haggerty			How related to deceased Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Accidental	How long
Immediate u	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Coroner John E. Muelly
	Address 716 O'Donnell st
Accident or Suicide? —	

A. Jones,

Name
in
Full

Martha Harris

CERTIFICATE OF DEATH

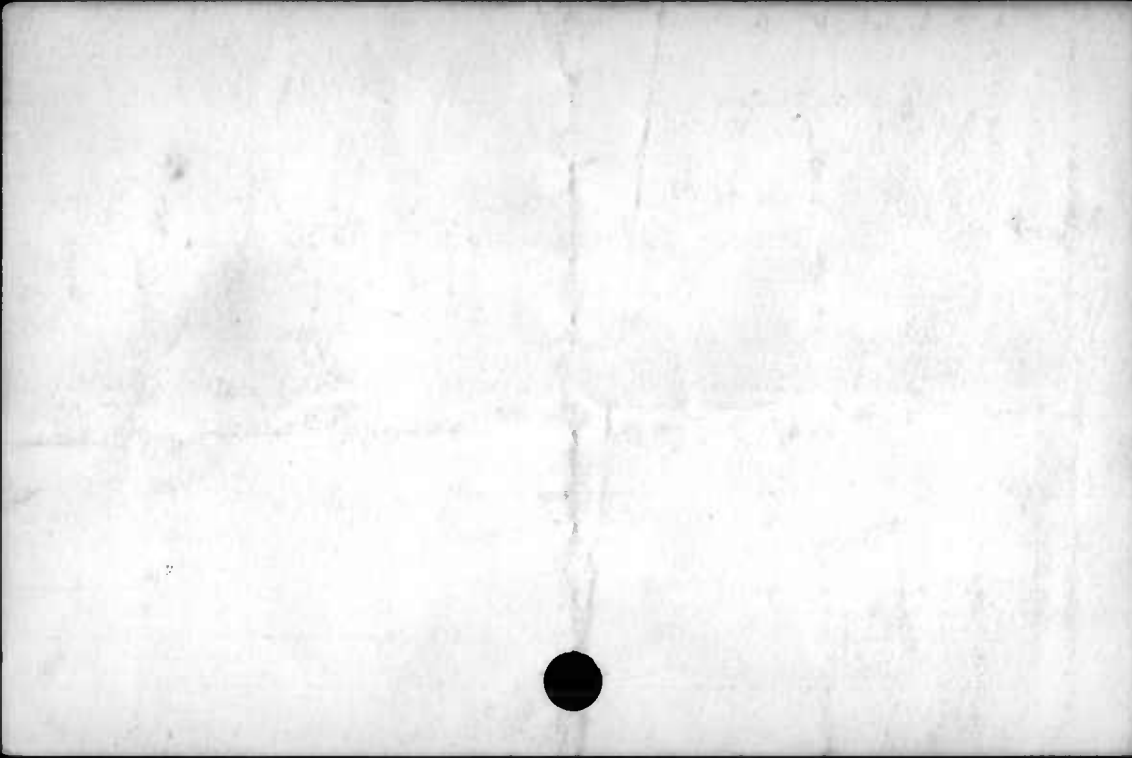
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Vinson</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>11</i>	Age <i>69</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>	Occupation <i>House work</i>				
Name of Wife or Husband <i>William Harris (deceased)</i>					
Father's Name <i>William Smith (deceased)</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Fanny Smith</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Laura Blue</i>	How related to deceased <i>daughters</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>1 year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. G. Frazier</i>
	Address <i>1655 N Fulton Ave Balto.</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Karroole

CERTIFICATE OF DEATH

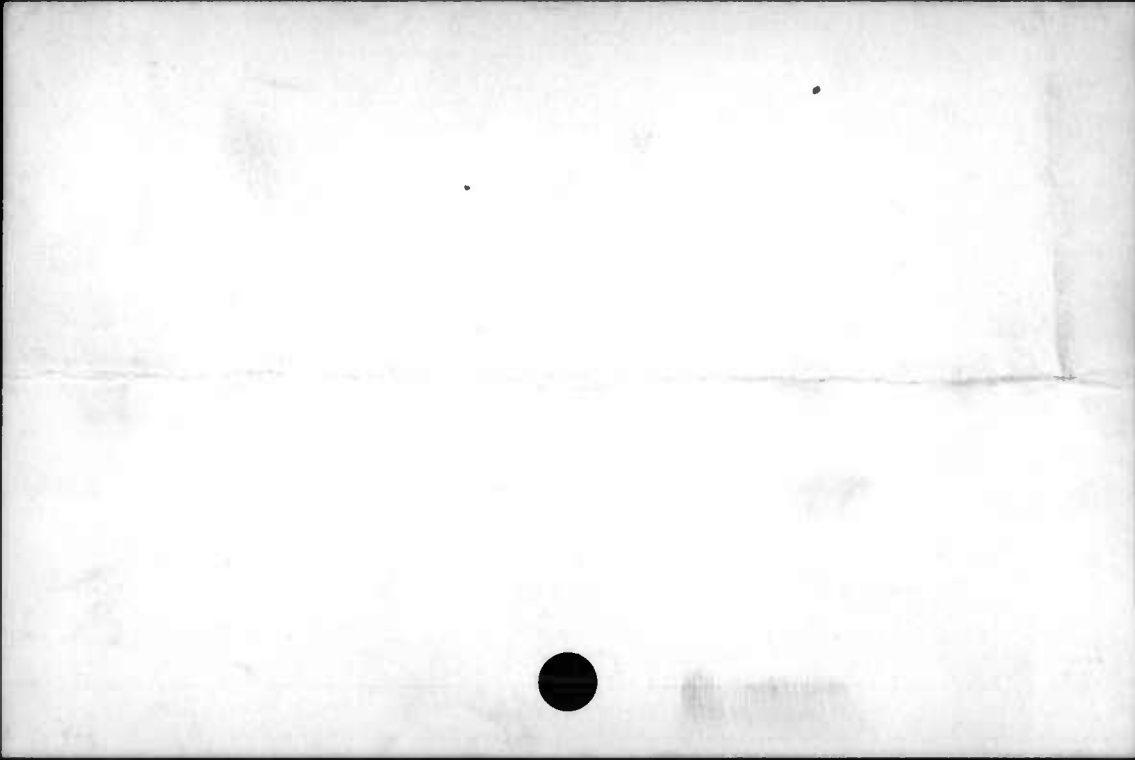
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} 210-212 Eastern Ave Ely ^{County} Baeto		MAYLAND	
Date of death 1903	Month Sept	Day 18th	Age 23
Sex Female	Color or Race White	Birth-place Baeto, Md	Months 3
Married, Single or Widowed Single		Occupation None	
Name of Wife or Husband			
Father's Name Chas Karroole		Father's Birthplace England	
Mother's Name Bridget Martin		Mother's Birthplace Ireland	
Name of person giving information Chas Karroole Jr.		How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 1 1/2 days
Immediate Edema pulmonum	How long "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. J. Lebel M.D.
	Address 1001 Biograph St.
Accident or Suicide?	



Name

in Full

CERTIFICATE OF DEATH

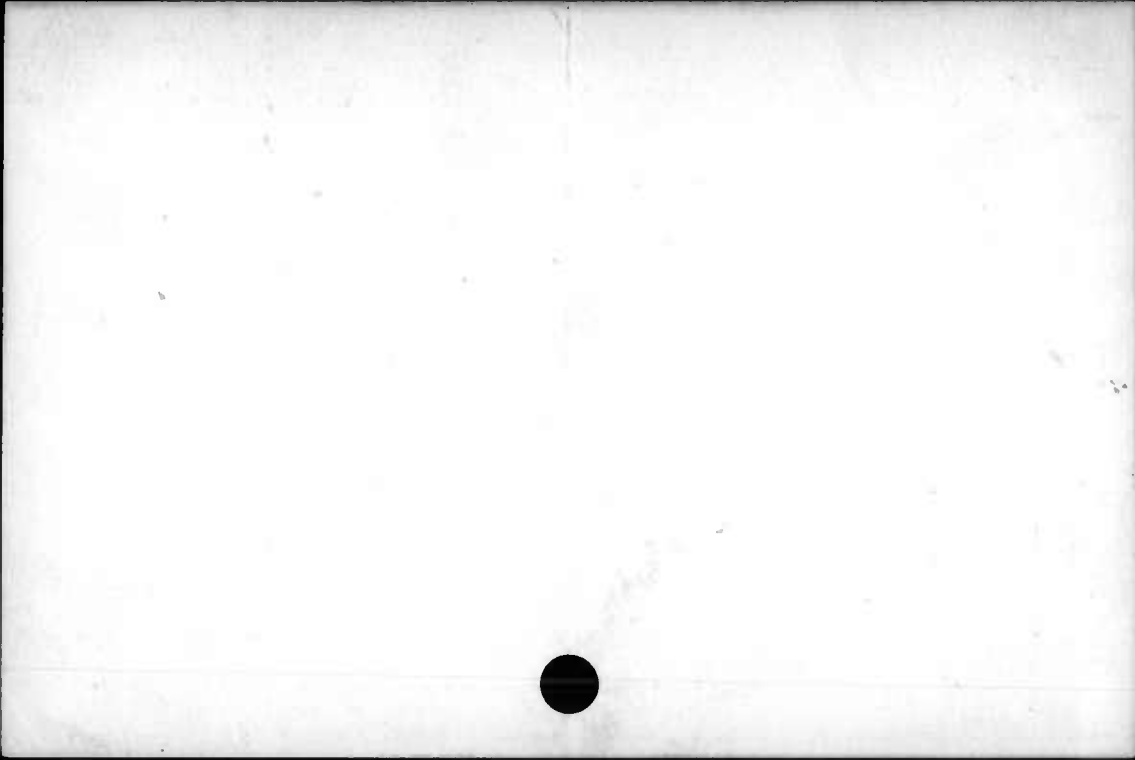
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>West Arlington</i> ^{Town}		<i>Baltimore Co.</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept.</i> ^{Month}	<i>7th</i> ^{Day}	<i>56</i> ^{Years}	<i>0</i> ^{Months}	<i>9</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Margaret Hideo</i>					
Father's Name <i>August Hideo</i>			Father's Birthplace <i>Balto Co. Md</i>		
Mother's Maiden Name <i>Lotta Hideo</i>			Mother's Birthplace <i>Balto Co Md</i>		
Name of person giving information <i>Mrs. Margaret Hideo</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Three Months</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. W. Hideo</i>
	Address <i>745 Third Ave Balto Md</i>
Accident or Suicide?	



Name

in
Full

J. Harry Binder

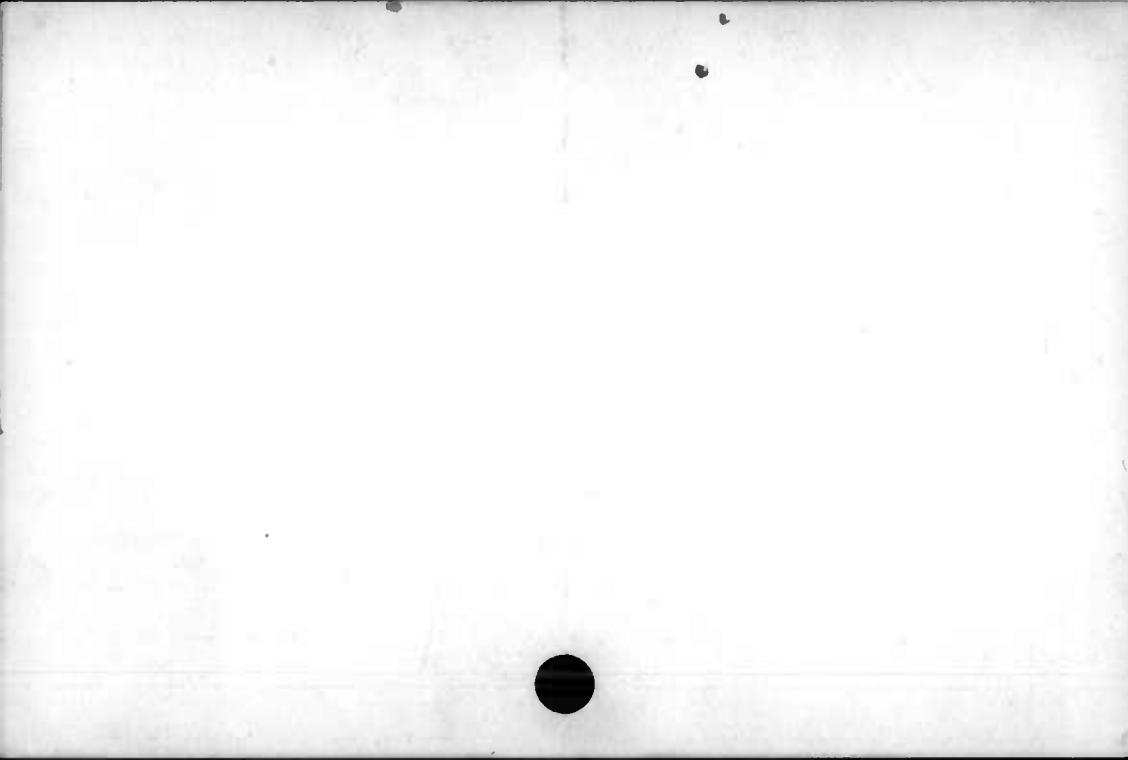
63
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Long Green</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>18</i>	Age	Years <i>27</i>	Months <i>11</i>	Days —	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Balto. Co. Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband —							
Fether's Name <i>Frederick Binder</i>				Fether's Birthplace <i>Germany</i>			
Mother's Meiden Name <i>Catherine Fielding</i>				Mother's Birthplace <i>New York</i>			
Name of person giving in formation <i>Edward Binder</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>2 years</i>
Immediete "	How long " "
Are the name, age, sex, color, date and place correctly given above? —	Signature of Physician <i>J. M. S. Green</i>
	Address <i>Hittings Md.</i>
Accident or Suicide? —	



Name
in
Full73
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Mary O. Howard
Reckord

County

Balto

MARYLAND

Date

of death

1903

Month

Sept

Day

29

Age

Years

62

Sex

Female

Color or
Race

White

Birth-
place

Balto., Co.

Occupation

House wife

Was ~~Residing~~ if not
at place of death.Married, ~~Yes~~Name of Wife or
HusbandFather's
Name

Pearce

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Gastro Enteric Catarrh

How long

?

Immediate

Inanition & Exaemia

How long

?

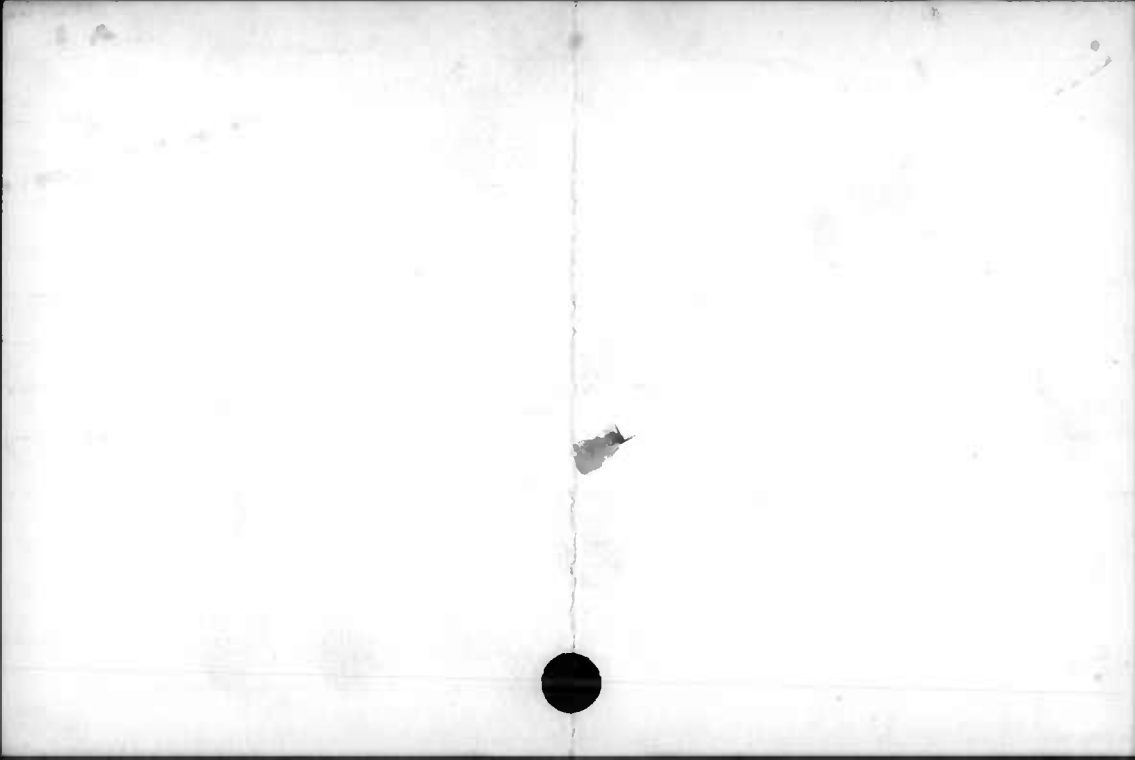
Are the name, age, sex, color, date
and place correctly given above?

Yes

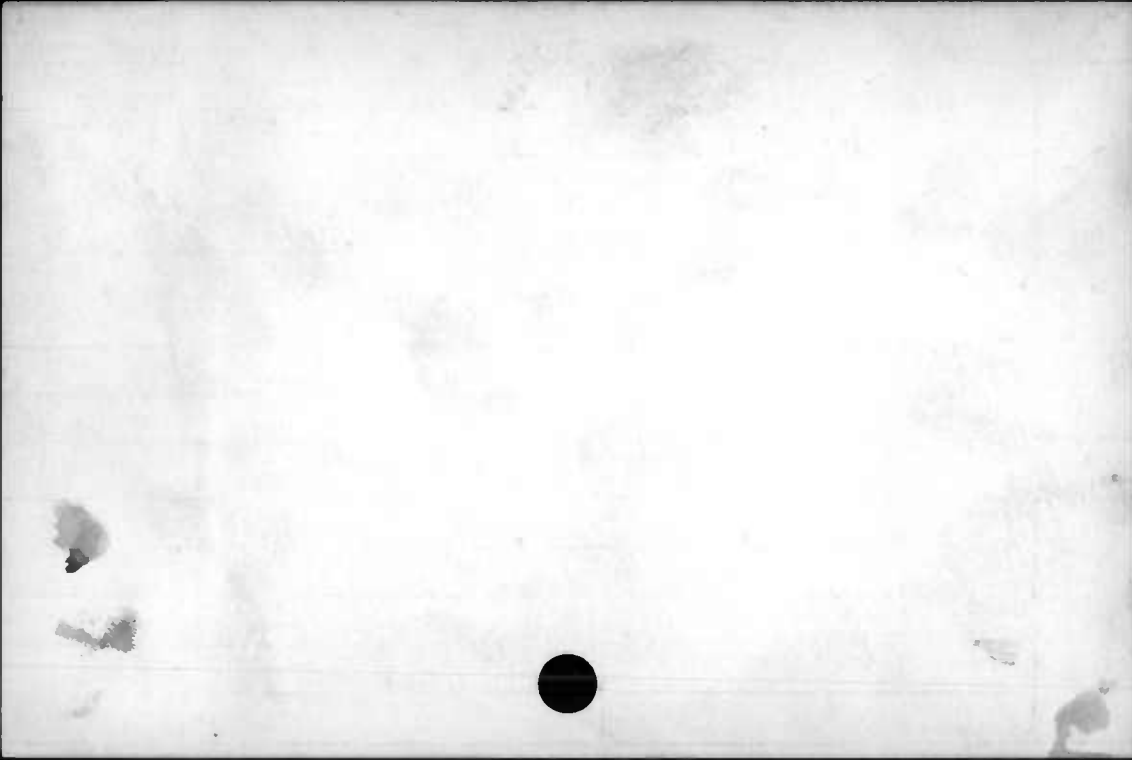
Signature of
PhysicianPursell Appington
Fallston.

Address

Accident or Suicide?



Name in Full Katherine Hunkeler		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cowhattan <small>Town</small>	Balto <small>County</small>	MARYLAND
	Date of death 1903 Sept <small>Month</small> 21st <small>Day</small> 24 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
	Sex Female	Color or Race White	Birth-place Baltimore
	Married, Single or Widowed Single	Occupation House-wash	
	Name of Wife or Husband —		
	Father's Name Nicholas N. Hunkeler	Father's Birthplace Germany	
	Mother's Maiden Name Katherine E. Stengel	Mother's Birthplace Germany	
Name of person giving information Nicholas N. Hunkeler	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis	How long 3 years	
	Immediate Pulmonary Hemorrhage	How long 12 hours	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician A. C. Smith	
		Address Cowhattan	
	Accident or Suicide? —		



Name
in
Full

CERTIFICATE OF DEATH

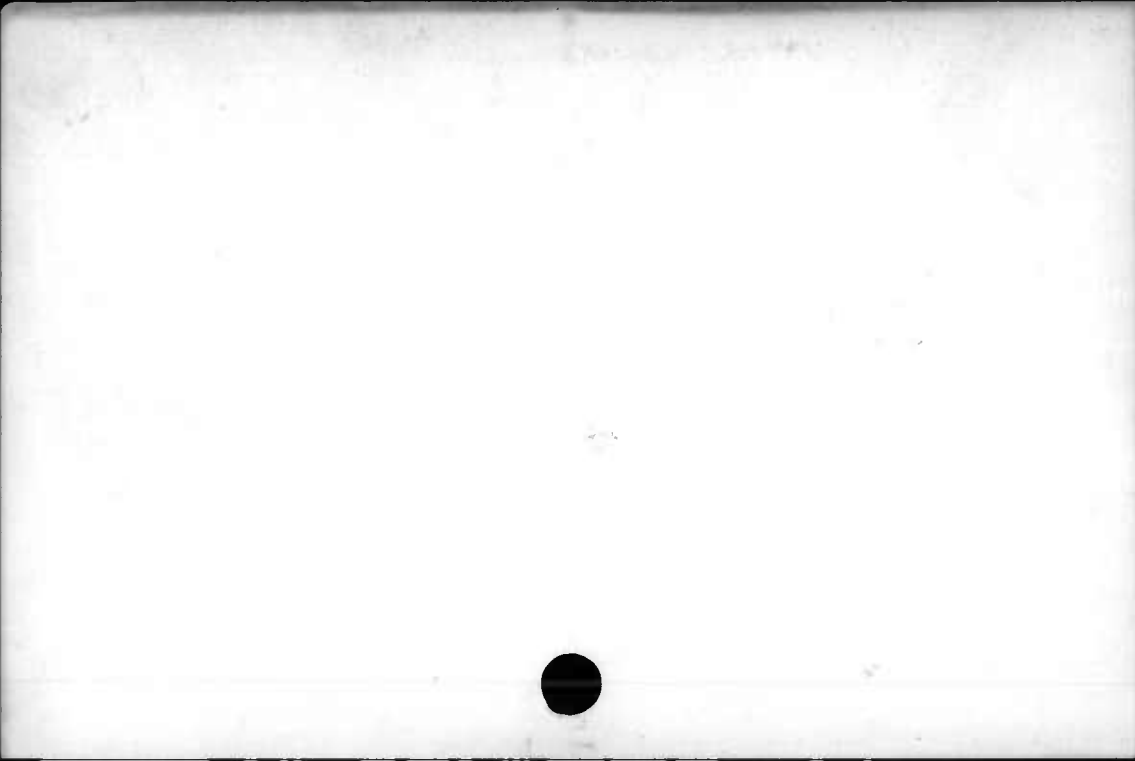
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John S. Huffman</i>		Town <i>Baldwin</i>		County <i>Baltimore</i>		1964	
Died at		Date of death		Age		Months	
		1903		5-6			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Fork Co. Pa.</i>			
Occupation <i>Shoemaker</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rollie</i>		Address <i>addison</i>			
Father's Name <i>Not known</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace					
Name of person giving Information <i>Rollie Huffman</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Alcoholism</i>	How long	<i>Several hours</i>
Immediate	<i>Asphyxiation</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. F. H. Gorsuch MD</i>
		Address	<i>Fork</i>
Accident or Suicide?			



Town

County

Died at

MARYLAND

Date 1903

Male

Female

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

10 hours

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Benjamin Vinton Jackson (Washington)

CERTIFICATE OF DEATH

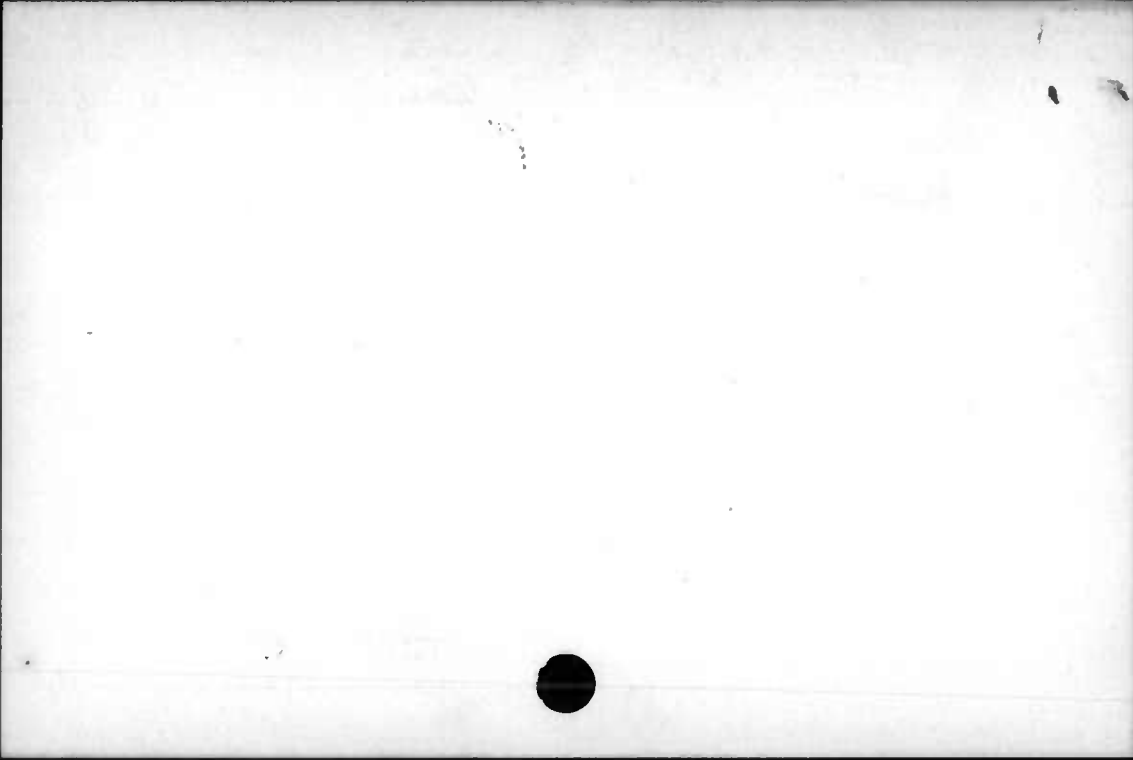
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>St. E. Md</i>		City <i>Balto</i>		State <i>MARYLAND</i>	
Date of death 190		3		Month <i>Sept</i>		6 th		Years <i>52</i>	
Sex		<i>Male</i>		Color or Race		<i>White</i>		Birth-place <i>Parkersburg W. Va</i>	
Married Single Widowed		Occupation <i>Freight Agt B & O RR</i>							
Name of Wife or Husband		<i>Blanche Northington Jackson</i>							
Father's Name		<i>Jas J Jackson</i>						Father's Birthplace <i>Va</i>	
Mother's Maiden Name		<i>Caroline Elsie</i>						Mother's Birthplace <i>A Va</i>	
Name of person giving information		<i>E. V. Brush</i>						How related to deceased <i>Physn</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>		How long	<i>2 Yrs +</i>
Immediate	<i>Cardiac Paralysis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>E. V. Brush</i>	
			Address <i>Sheppard St. Md</i>	
			<i>Towson Md</i>	
Accident or Suicide?				



Name
in
Full

Samuel James.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Granetown</i> ^{Town}		<i>Bar</i> ^{County}		MARYLAND	
Date of death 1903	<i>Sep</i> ^{Month}	<i>10</i> ^{Day}	Age <i>60</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Bacon Co</i>		
Married, Single or Widowed			Occupation <i>Gardener.</i>		
Name of Wife or Husband <i>Annie Britton</i>					
Father's Name <i>Dont Run</i>			Father's Birthplace <i>Dont Run</i>		
Mother's Maiden Name <i>Dont Run</i>			Mother's Birthplace <i>Dont Run</i>		
Name of person giving information <i>Sam'l James Jr.</i>			How related to deceased <i>Sons</i>		

CAUSES OF DEATH

PHYSICIAN
-OR CORONER

Primary	<i>Struck byrolley Car</i>	How long	<i>lived in 8 hrs</i>
Immediate	<i>1 died from shock</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>		Signature of Physician <i>E. H. Mackin</i>	
		Address <i>Granetown Md</i>	
Accident or suicide <i>Accident</i>		<i>York Brad</i>	

Robert A. Elliott

Name
in
Full

William Leonard Dugan Jensen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cotonsville		County Holto,		MARYLAND	
Date of death 1903	Month Sept	Day 29	Age —	Years —	Months 1	Days 10	
Sex Male		Color or Race White		Birth- place Cotonsville Md			
Married, Single or Widowed				Occupation —			
Name of Wife or Husband —							
Father's Name John Jensen				Father's Birthplace Holto, Ind			
Mother's Maiden Name Ida Jacobs				Mother's Birthplace Annamdel Co. Md			
Name of person giving In formation John Jensen				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	1 week
Immediate	Gastroenteritis	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. M. Stull, M.D.	
		Address Cotonsville Md	
Accident or Suicide?			

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Name
in
Full

Thomas Johnston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Govanstown		Balto		County		MARYLAND	
Date	Month	Day	Years	Months	Days				
of death 1903	September	9	Age 74.	3	6				
Sex	Male		Color or Race	White		Birth-place	Balto Co Md		
Married, Single or Widowed	Widowed			Occupation	Retired Carpenter				
Name of Wife or Husband	Mary Jane Johnston								
Father's Name	Thomas Johnston				154	Father's Birthplace	Balto Co Md		
Mother's Maiden Name	not known					Mother's Birthplace	Balto Co "		
Name of person giving information	Cornelia Johnston					How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age		How long	ailing for 1 year
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. M. Deucan
			Address	Govanstown Md
Accident or Suicide?				

Geo. Schilling

Name
in
Full

Ann Maria Jane Jones

CERTIFICATE OF DEATH

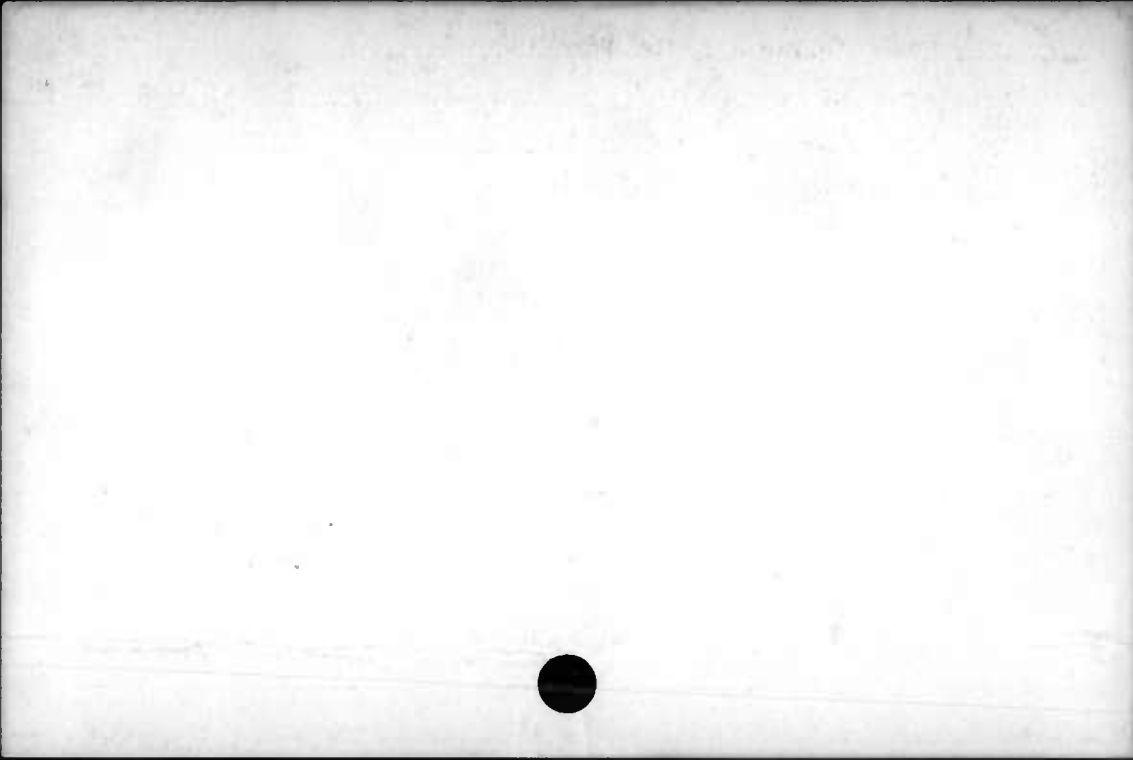
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spummi Point</i>		County <i>Balto.</i>		State MARYLAND	
Date of death 190	3	Month	<i>Sept.</i>	Day	21
Age		Years	63	Months	—
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> or <input type="checkbox"/> Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Charles Jones</i>				Father's Birthplace <i>64.</i>	
Mother's Maiden Name <i>Lucinda Hubble</i>				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>2 hours</i>
Immediate	<i>Apoplexy</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. C. Edmund M.D.</i>	
		Address <i>Spummi Point Md.</i>	
<input checked="" type="checkbox"/> Accident or Suicide <input type="checkbox"/> Natural			



Name
in
Full

Ann Elberta Kanka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New London		County Baltimore		MARYLAND	
Date of death 1903		Month Oct	Day 30	Age Years 2	Months 6		Days
Sex Female		Color or Race White		Birth- place Baltimore			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Chas Kanka				Father's Birthplace			
Mother's Maiden Name Eliza Kanka				Mother's Birthplace Md			
Name of person giving Information Marcus				How related to deceased			

CAUSES OF DEATH

Primary	Chronic Croup	How long	4 days
Immediate	congestion Lungs	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E W Lanney MD	
Address		307 Bank Exp	
Accident or Suicide?		No	

PHYSICIAN
OR CORONER

5th German Ref. Camp

J. Herwig Son

Name
in
Full

CERTIFICATE OF DEATH

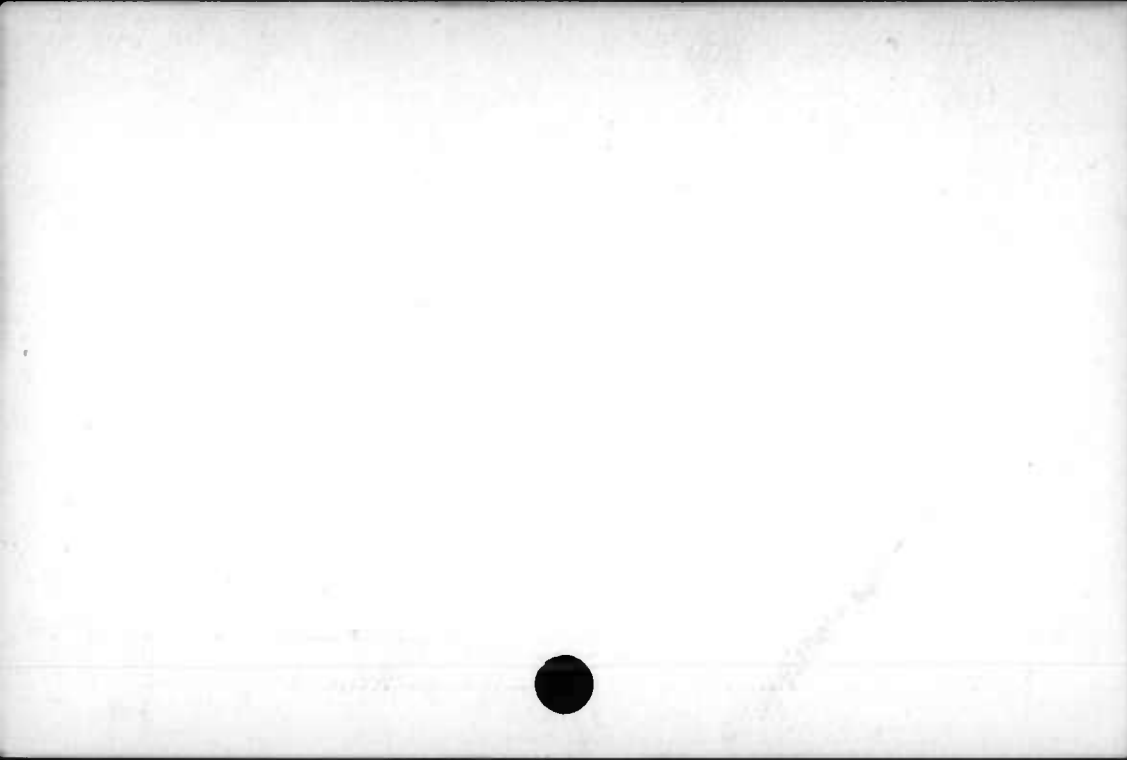
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 19 <i>33</i>	Month <i>Sept</i>	Day <i>22</i>	Age	Months <i>Still born</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Georgetown</i>		
Married, Single or Widowed <i>—</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Harry Kenlein</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Fanny Willes</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Kenlein</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm D. Coe</i>
	Address <i>Gardenville</i>
Accident or Suicide?	



Name
in
Full

Charles W. Kleinherm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Batts</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept.</i>	Day <i>21st</i>	Years <i>40</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Butcher</i>		
Name of Wife or Husband <i>Catherine R.</i>					
Father's Name <i>—</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Wife</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fracture + Concussion of Brain</i>	How long	<i>2 hours</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. F. Glantz</i>	
		Address <i>—</i>	
Accident or Suicide? <i>Accident</i>			

Mr Carmel

J Herwig & Son

Name
in
Full

George Klewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i>		Town		County		Baltimore County		MARYLAND			
Date of death 1903		Month		Day		Years		Months		Days	
Sept.		27		Age		67					
Sex		Male		Color or Race		White		Birth-place		Germany	
Married, Single or Widowed		Married		Occupation		Laborer					
Name of Wife or Husband		Margaret Klewer									
Father's Name		—		79		Father's Birthplace		Germany			
Mother's Maiden Name		—				Mother's Birthplace		Germany			
Name of person giving information		Margaret Klewer				How related to deceased		Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Mitral Regurgitation		How long		2 years	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Howard E. Hodson MD	
				Address		736 E. Preston St	
Accident or Suicide?							

Wendell Dipple & Sons.

Sacred Heart Con

Name
in
Full

Elizabeth Locklin

CERTIFICATE OF DEATH

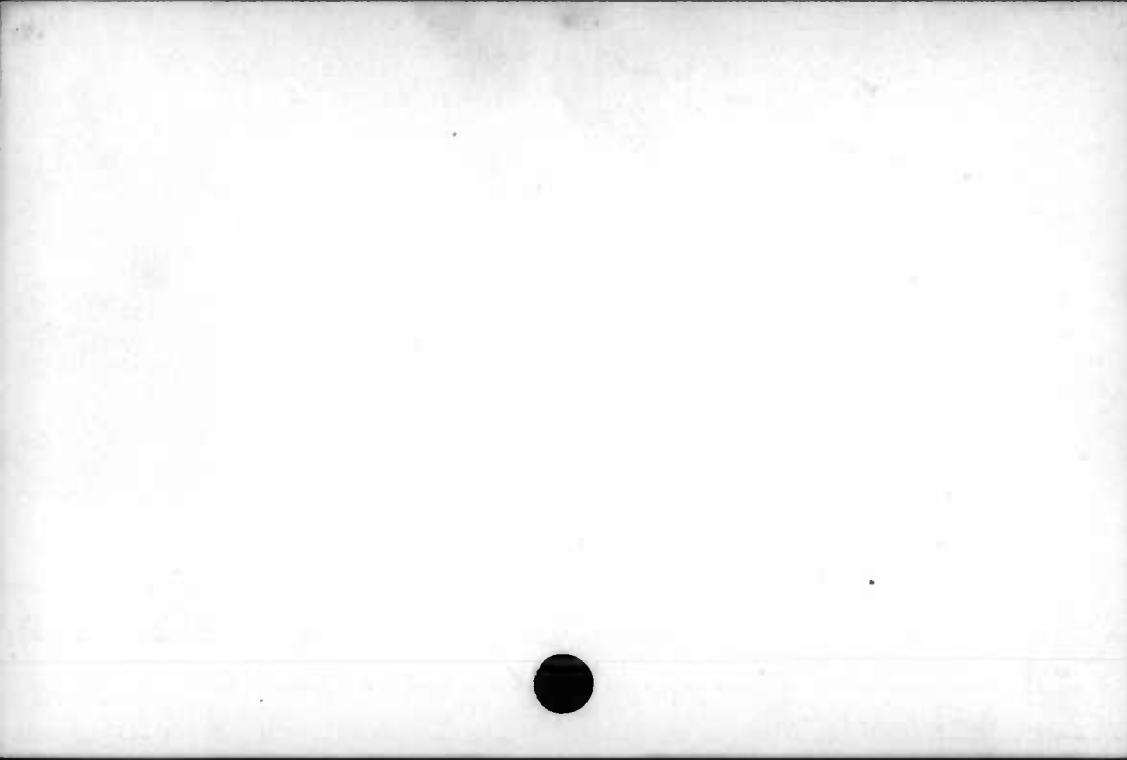
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Bates		MARYLAND	
Date of death 190 3	Month Sep	Day 28	Age —	Years —	Months 2	Days 6	
Sex Female		Color or Race White		Birth- place 3rd Carmel Road			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name Joseph Locklin				Father's Birthplace Germany			
Mother's Maiden Name Barbara Locklin				Mother's Birthplace "			
Name of person giving In formation Joseph Locklin				How related to deceased —			

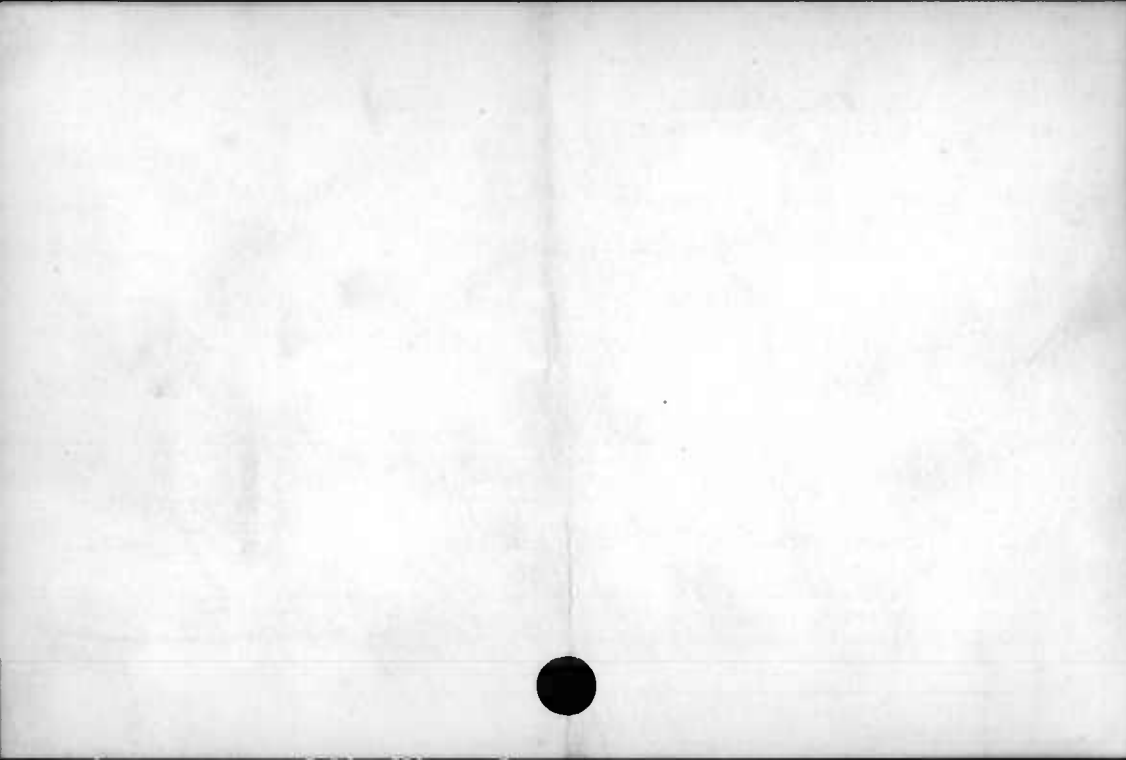
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Natural Causes	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Coroner John H. Murrelly	
yes		Address 216 O'Donnell St	
Accident or Suicide?			



Name in Full		Louis Lieblid				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Catonville		County Baltimore		MARYLAND
	Date of death 1903	Month Sept.	Day 25	Age	Years 39	Months	Days
	Sex male		Color or Race white		Birth- place		
	Married, Single or Widowed Single			Occupation none			
	Name of Wife or Husband						67.
	Father's Name						
	Mother's Maiden Name						
	Name of person giving In formation						How related to deceased
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary General Paresis					How long Several years	
	Immediate Exhaustion from Dementia					How long about one month	
	Are the name, age, sex, color, date and place correctly given above?			yes		Signature of Physician W. Rushmer White M.D.	
				Address Catonville			
	Accident or Suicide?			md.			



Name
in
Full

Lehas E. W. Lilley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickysville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Sept</u> ^{Month}	<u>26</u> ^{Day}	<u>16</u> ^{Years}	<u>11</u> ^{Months}	<u>27</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Howard Co. Md.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Card room (Spinner)</u>		
Name of Wife or Husband					
Father's Name <u>John H. Lilley</u>			Father's Birthplace <u>Bella, Ind.</u>		
Mother's Maiden Name <u>Blum</u>			Mother's Birthplace <u>Bella, Ind.</u>		
Name of person giving information <u>Mrs. Helen Lilley</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Tuberculosis</u>	How long
Immediate <u>Apnoea</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Leannell Monnier</u>
	Address <u>Dickysville, Ind.</u>
Accident or Suicide?	

Laurel
Prince George Co
Md.

Joe Blook
Funeral Director

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

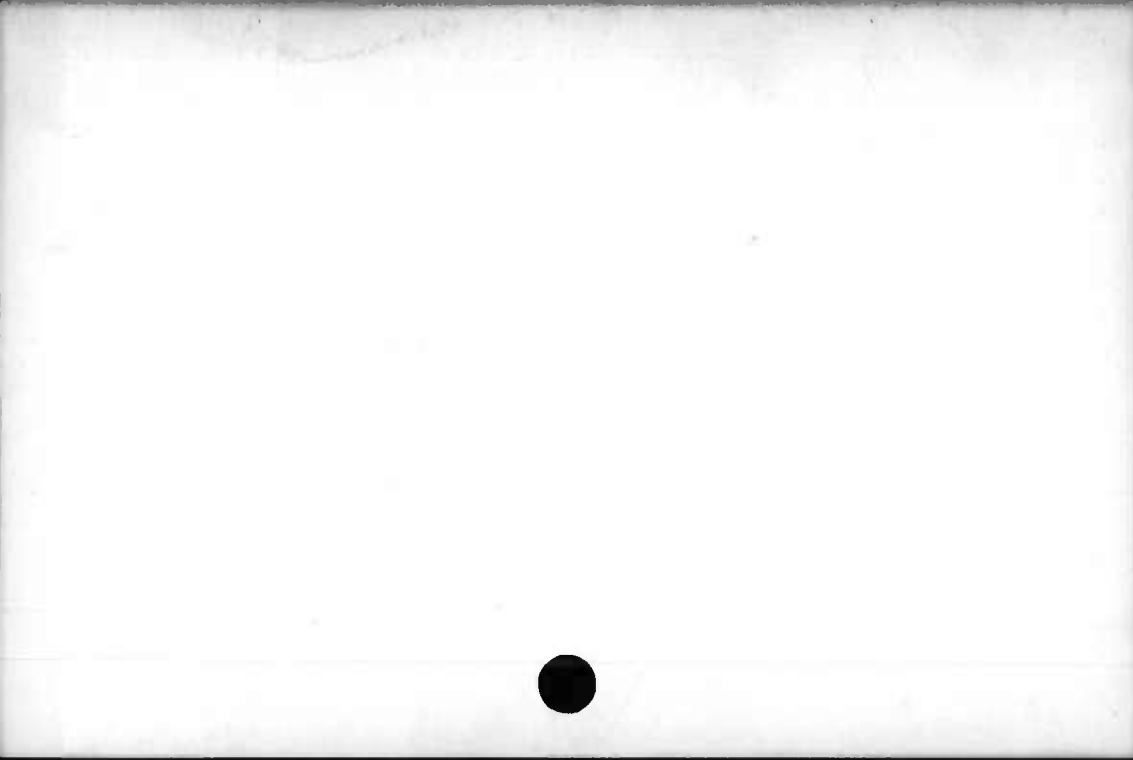
CERTIFICATE OF DEATH

MARYLAND

Died at *Mr Hope Retriah* ^{Town} *Baltimore* ^{County}Date of death *1903* ^{Month} *Sept* ^{Day} *27th* Age *50* ^{Years} *0* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *—*Occupation *Painter* Where Residing if not at place of death *Mr Hope Retriah*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *—* 68 Father's Birthplace *—*Mother's Maiden Name *—* Mother's Birthplace *—*Name of person giving Information *Recd's Mr Hope Retriah* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Mania Chronic* How long *—*Immediate *Ex-Convulsions, Cerebral Congestion* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank J. Flannery*Address *Mr Hope Retriah**Baltimore Co - Md.*~~Accident or Suicide?~~



Jahilka Maybel McKittrick

Town

County

Died at

*Oella**Belt*

MARYLAND

Date 19*03* *Sept.* *21* | Age *15* | Native of *MD* | Occupation _____

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Samuel Wm McKittrick

Mother's

Maiden Name

May Lee Holt

Cause of

Primary

Hemorrhagic Purpura

How long sick

several years

Death

Immediate

Hemorrhage~~Accident, Suicide, Homicide~~

Reported by

William E Hodges

Address

Ellicott City - MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha E Mallonee

CERTIFICATE OF DEATH

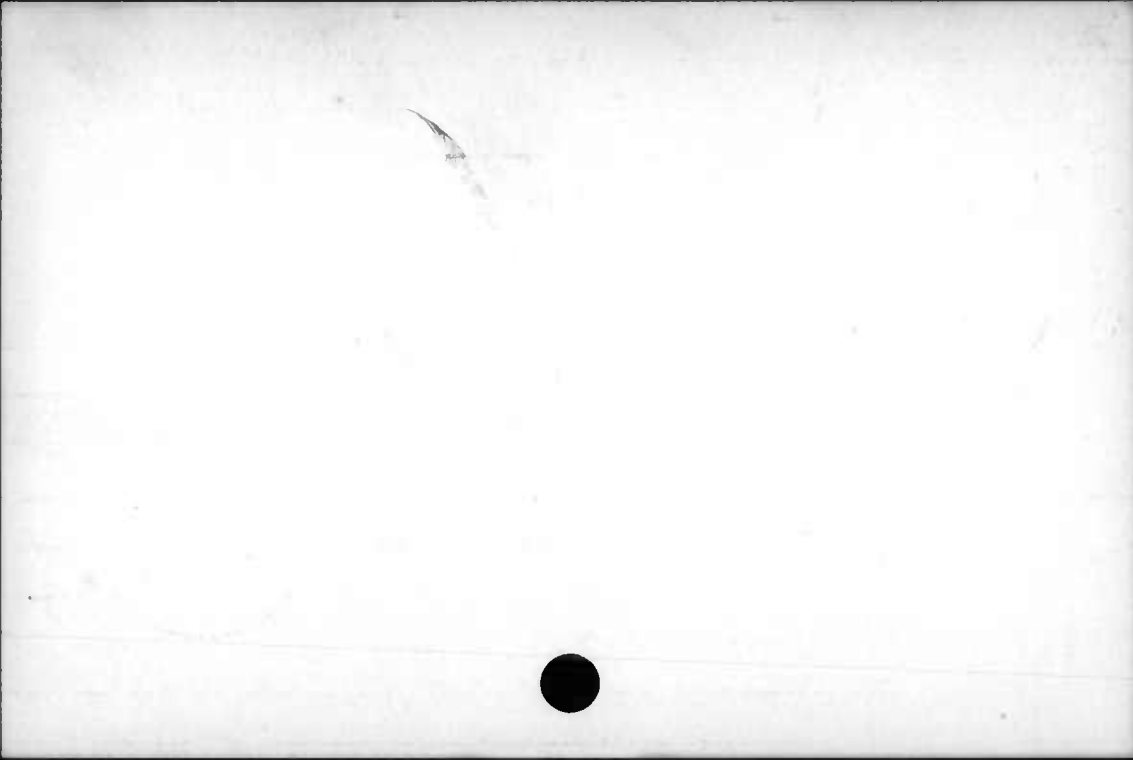
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Butler</i> <small>Town</small>		<i>Baets</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>29</i>	Age <i>62</i>	Months <i>7</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Trenton Md.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Josias Mallonee</i>					
Father's Name <i>Thomas C. Tracey</i>		Father's Birthplace <i>Butler Md.</i>			
Mother's Maiden Name <i>Ruth W. Gist</i>		Mother's Birthplace <i>Trenton Md.</i>			
Name of person giving information <i>Josias Mallonee</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Anaemia</i>	How long <i>Ten years</i>
Immediate <i>Paralysis, Coma, Exhaustion</i>	How long <i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Crack</i>
	Address <i>Butler Md.</i>
Accident or Suicide?	



Name
in
Full

Milnor, Marion

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Calonsville</i>		County <i>Balto</i>		STATE <i>MARYLAND</i>	
Date of death		Month <i>3</i>	Day <i>Sept</i>	Age	Years <i>23</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Maryland</i>
Married, Single or Widowed	<i>Single</i>			Occupation	<i>None</i>		
Name of Wife or Husband <i>x</i>							
Father's Name <i>John F. Milnor</i>				Father's Birthplace <i>Balto, Md</i>			
Mother's Maiden Name <i>Annie Dobson</i>				Mother's Birthplace <i>Washington</i>			
Name of person giving information <i>Mrs. Margaret A. Milnor</i>				How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Imbecility</i>	How long	<i>Life</i>
Immediate	<i>Gummatos of Mediastinum</i>	How long	<i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Gray Nade</i>	
		Address	
		<i>Calonsville</i>	
Accident or Suicide?			
<i>No</i>			

Stewart Mowen

Undertakers

215 Park ave

Baltimore Md

Interment at
London Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary E. Michaels

Town

County

Died at

Hylanddon

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

9

1

Age

25

Sex

Female

Color or
Race

White

Birth-
place

Md.

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

John Michaels

Father's
Name

Nicholas Foster

Father's
Birthplace

Md.

Mother's
Maiden Name

Ann —

Mother's
Birthplace

Gav.

Name of person giving
information

John Michaels

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Inflammatory Rheumatism

How long

2 days

Immediate

Paralysis of heart

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

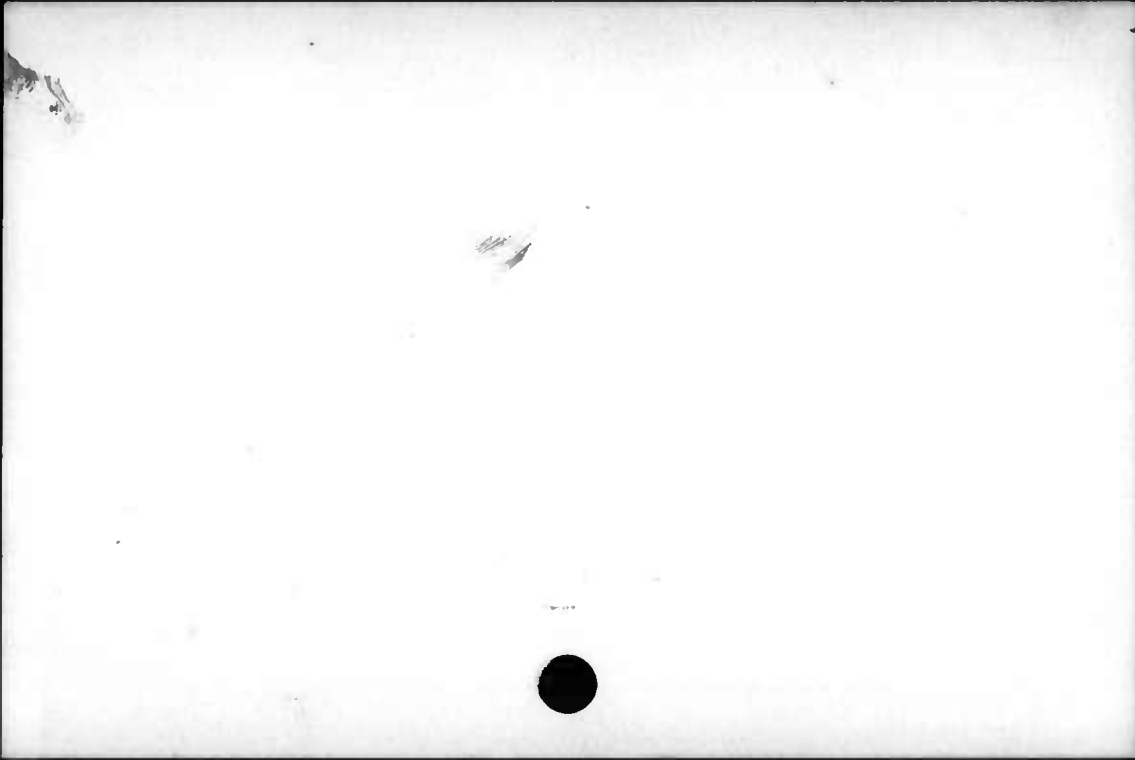
Signature of
Physician

Address

J. C. Schorfer

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Martha Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Eanton		County Balto.		MARYLAND	
Date of death 1903	Month Sept.	Day 22 nd	Age —	Years —	Months 7	Days 13	
Sex Female	Color or Race White		Birth- place Balto Co.				
Married, Single or Widowed	Single		Occupation none				
Name of Wife or Husband —							
Father's Name Casper Miller				Father's Birthplace Germany			
Mother's Maiden Name Pauline Boettler				Mother's Birthplace 11			
Name of person giving In formation Antonia Hock				How related to deceased Aunt.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Difficult Ductition	How long	about 4 weeks
Immediate	Dysentery	How long	7
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. Schuessler M.D.	
Address		1573 Canton St.	
Accident or Suicide?			

Germanus France
Sacred Heart Cemetery

Name
in
Full

Christian J Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Canton Town

County Ball

MARYLAND

Date of death 1903

Month 9

Day 19

Age Years -

Months -

Days 7

Sex male

Color or Race

White

Birth-place

Ma

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's Name Christian J Moore

Father's Birthplace

Md

Mother's Maiden Name Annie Shoemaker

Mother's Birthplace

Md

Name of person giving
In formation

Christian J Moore

How related
to deceased

Father

CAUSES OF DEATH

Primary

Convulsions

How long

1 day

Immediate

Asphyxiation

How long

-

Are the name, age, sex, color, date
and place correctly given above?

Yes

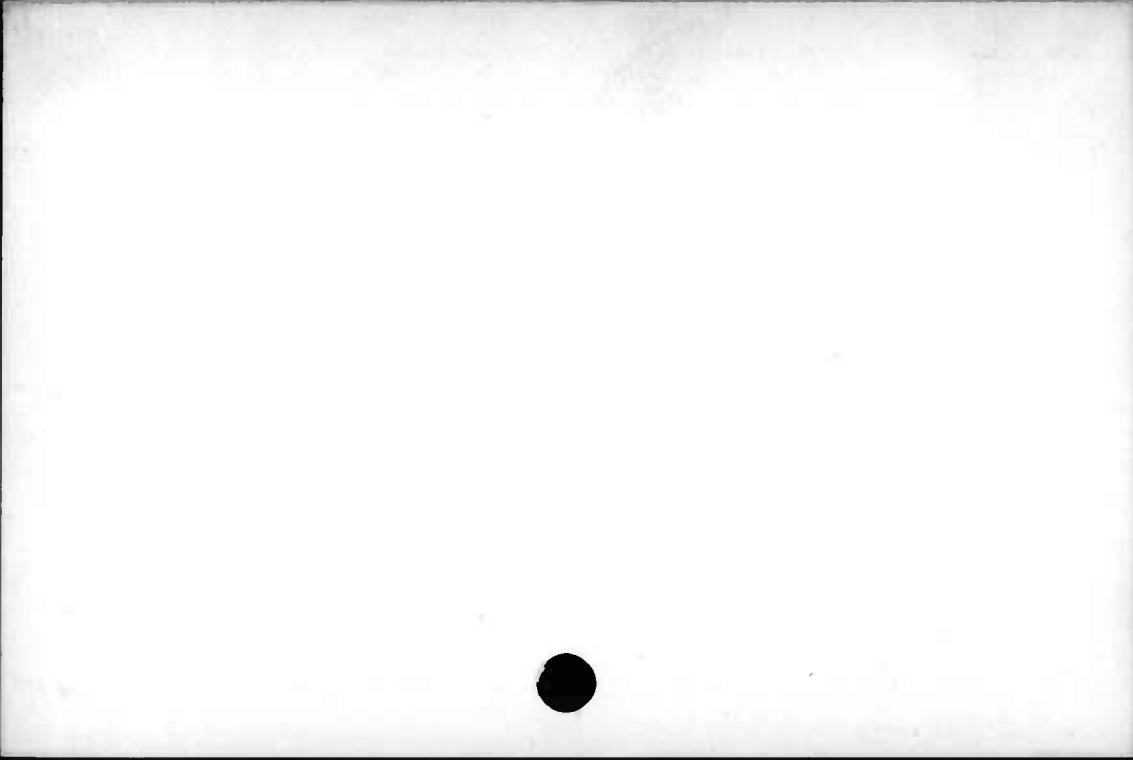
Signature of
Physician

Address

J. Schopfield

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

Sarah Mosbey

Died at ^{Town} Philopolis ^{County} Baltimore

MARYLAND

Date 1903 ^{Month} Sep ^{Day} 21 ^{Y.} ^{M.} ^{D.} Age 13 ^{Native of} Md ^{Occupation}~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's Name Hubert Mosbey

Mother's Maiden Name Henrietta Mosbey

Cause of Death { Primary Born very weak
Immediate ExhaustionHow long sick
13 days

Accident, Suicide, Homicide

Reported by Wm C Brooks Undertaker

Address Philopolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Francis Cole Moxey
Baltimore

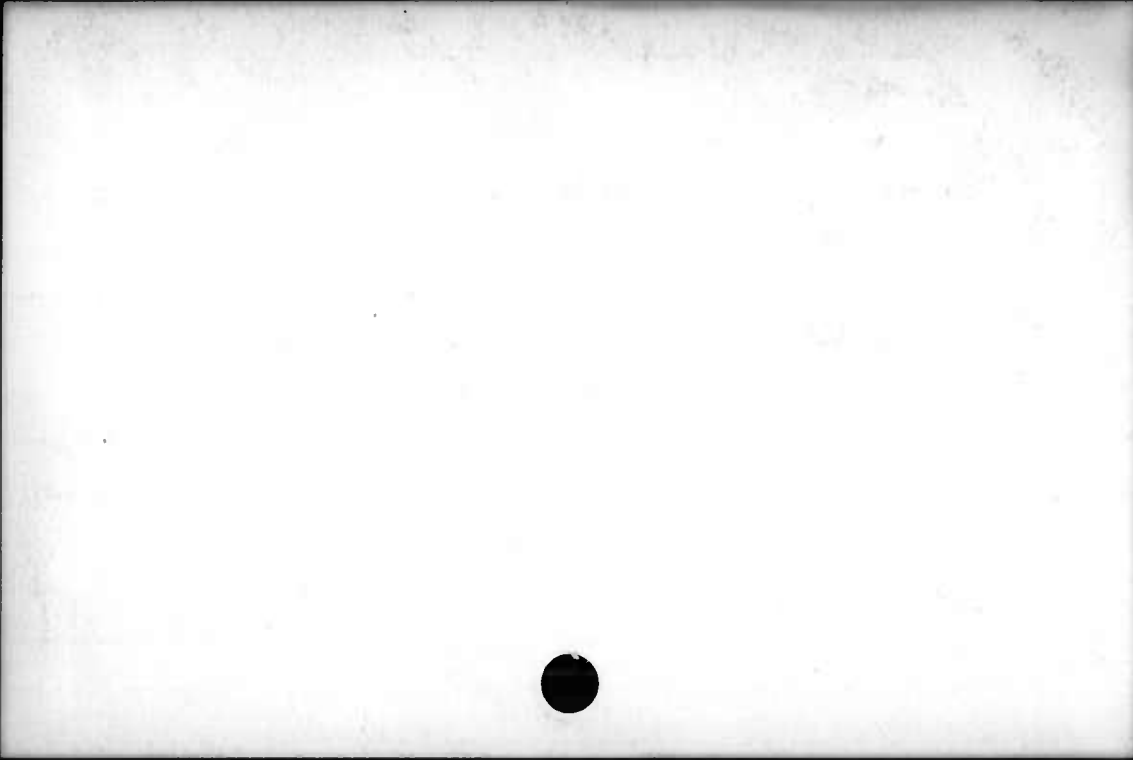
CERTIFICATE OF DEATH

MARYLAND

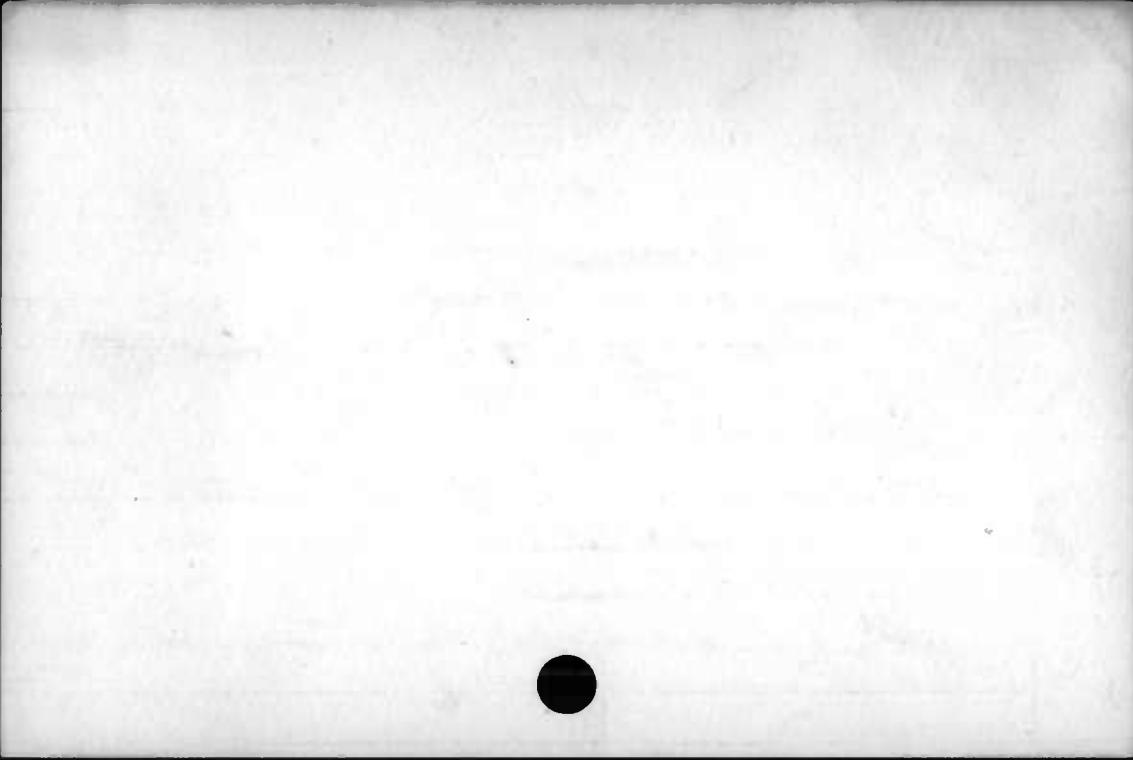
Died at *Baltimore* Town *Baltimore* County
Date of death *190* Month *Sept* Day *2* Age *5* Years *10* Months *5* Days *10*
Sex *Female* Color or Race *white* Birth-place *Baltimore, Md.*
Occupation *child* Where Residing if not at place of death
Married, Single or Widowed *Single* Name of Wife or Husband *Child*
Father's Name *Frank Moxey* Father's Birthplace *England*
Mother's Maiden Name *105* Mother's Birthplace *England*
Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Enteritis* How long *30 days*
Immediate *Exhaustion* How long *—*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Charles Davis M.D.*
Address *9237 Carrollton Ave
Baltimore Md.*
Accident or Suicide?



Name in Full		Josophine Nicholas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Govanestown		County Baltimore		MARYLAND	
	Date of death 190	3	Month September	4	Day	Age 26	Years
	Sex	Female		Color or Race	Colored		Birth-place
	Married, Single or Widowed	Single		Occupation	Waitress		
	Name of Wife or Husband						
	Father's Name	Robert Nicholas				Father's Birthplace	Virginia
	Mother's Maiden Name	Jane F Garrett				Mother's Birthplace	Govanestown
Name of person giving information	Jesse L Nicholas				How related to deceased	Brother.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Military Tuberculosis				How long	6 Months
	Immediate	Anaemia				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	H. O. Oberst
	Address	STATION H, (GOVANS), BALTIMORE, MD.					
Accident or Suicide?							



Name in Full

Certificate of Death

Flora Noonan

Town

County

Died at Mt Washington Balt.

MARYLAND

Date 1903	Month 9	Day 22	Age 22	Y. 0	M. 19	D. 19	Native of Ind	Occupation Home
Male	White	Marr	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband
of
Wife

Father's Name Wm Noonan

Mother's Maiden Name Sarah Foster

Cause of Primary

Bright's Disease

How long sick

One year

Death Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by O. H. Becton

Mell

Address Mt Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. A. Washburn
St Mary Hospital
Baltimore City

Name
in
Full

Kate Cassard Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Taworn</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	3	Month 9	Day 7	Age 57	Years	Months 8	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Baltimore</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband				<i>Edward B. Owens</i>			
Father's Name				<i>Louis Cassard</i>		Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name				<i>Harriet B. Lippincott</i>		Mother's Birthplace	<i>Penna</i>
Name of person giving Information				<i>R. C. Massenburg</i>		How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Oblivious carcinoma</i>		How long	<i>about 3 yrs</i>
Immediate	<i>Coma</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>R. C. Massenburg M.D.</i>
			Address	<i>Taworn Md</i>
Accident or Suicide?		<i>Neither</i>		

Stewart & Mullins.

Name
in
Full

Thomas M. Owens -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orangeville		County Baltimore		MARYLAND	
Date of death 190		3	Month Sept	19	Day	Age	8 2
						Years	9
						Months	19
Sex		Male		Color or Race		White	
				Birth- place		Virginia -	
Married, Single or Widowed		Married -		Occupation		None	
Name of Wife or Husband		Mrs T. Owens					
Father's Name		Thomas M. Owens				Father's Birthplace	
						Virginia -	
Mother's Maiden Name		Judith Condit				Mother's Birthplace	
						Virginia -	
Name of person giving In formation		Mrs Laura Guy				How related to deceased	
						Granddaughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis -	How long	unknown
Immediate	Exhaustion -	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Hyde M.D.	
Address		1100 E North Ave	
Accident or Suicide?			



Name

in
Full

Elizabeth Parlett

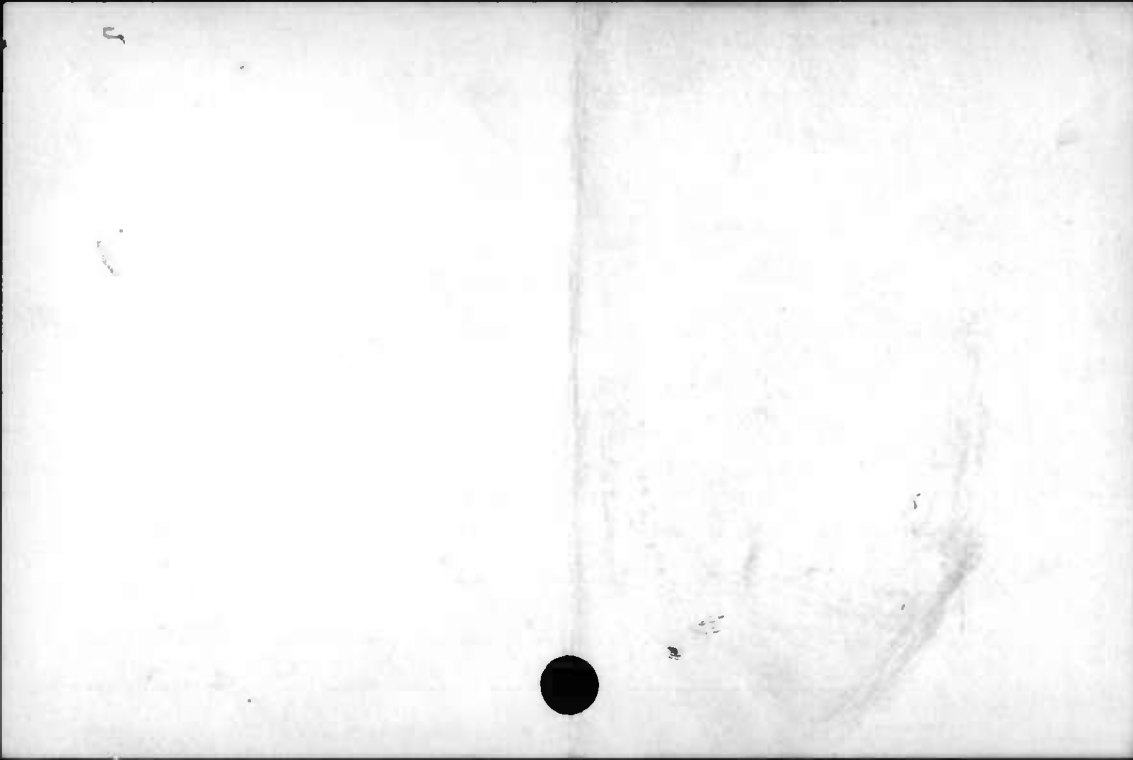
62-2
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glen Arm</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death 190 <i>3</i>	Month <i>Sept.</i>	Day <i>3</i>	Years <i>82</i>	Months <i>9</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto Co Md.</i>			
Married, Single or Widowed <i>Widow</i>	Occupation <i>housewife</i>				
Name of Wife or Husband					
Father's Name <i>Wm J B. Parlett</i>			Father's Birthplace <i>Balto. Co Md.</i>		
Mother's Maiden Name <i>Elizabeth Bond</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>John Parlett</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic heart disease</i>	How long <i>3 years</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Don't know</i>	Signature of Physician <i>J. M. Green</i>
	Address <i>Hittings</i>
	<i>Nd</i>
Accident <i>no</i>	



Name in Full		Edward S. Parrish				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>Franklin</i>		^{County} <i>Baltimore</i>		MARYLAND		
		Date of death	<i>1903</i>	Month <i>Sept</i>	Day <i>16</i>	Years <i>55</i>	Months <i>8</i>	Days <i>9</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md</i>				
		Occupation <i>Stone Mason</i>	Where Residing if not at place of death					
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>L. Virginia Parrish</i>					
		Father's Name <i>Edward S. Parrish</i>	Father's Birthplace					
Mother's Maiden Name <i>Margaret</i>		Mother's Birthplace						
Name of person giving Information <i>Walter E. Parrish</i>		How related to deceased <i>Son</i>						
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <i>Unavoidable accident by</i>				How long		
		<i>being struck by horse ridden</i>				How long		
		<i>supposedly by Wm Shirley</i>						
		Are the name, address and place correctly given above? <i>yes</i>				Signature of Physician		
		Address <i>August C Luss</i>						
Accident or Suicide? <i>Accident.</i>		<i>McKeesville Md.</i>				<i>A.P.</i>		



Name
in
Full

Adolph Lewis Perouty -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>9</i> ^{Month}	<i>13</i> ^{Day}	Age <i>3</i> ^{Years}	<i>6</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Married, Single or Widowed <i>_____</i>			Occupation <i>_____</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Adolph Lew. Perouty.</i>			Father's Birthplace <i>France</i>		
Mother's Maiden Name <i>Josephine Perouty</i>			Mother's Birthplace <i>France</i>		
Name of person giving information <i>Adolph Lew Perouty</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever.</i>	How long <i>18 days.</i>
Immediate <i>Menigitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo L. Truax M.D.</i>
	Address <i>3 1/2 South Highland town,</i>
Accident or Suicide? <i>_____</i>	

913 Boulden sh.

John Hennig & son

Trinity Cem.

Name
in
Full

William R. Philips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Baltimore</i>		MARYLAND					
Date of death 1903		Month <i>9</i>		Day <i>13</i>		Years <i>1</i>		Months <i>—</i>		Days <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore</i>							
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>									
Name of Wife or Husband											
Father's Name <i>Edward Philips</i>		Father's Birthplace <i>Baltimore</i>									
Mother's Maiden Name <i>Elizabeth Peters</i>		Mother's Birthplace <i>Germany</i>									
Name of person giving Information <i>Edward Philips</i>		How related to deceased <i>Father</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>		How long <i>about</i>	
Immediate <i>Marasmus, Convulsions</i>		How long <i>4 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. W. Schumaker M.D.</i>	
		Address <i>1013 Canton St.</i>	
Accident or Suicide? <i>—</i>			

Mr. Samuel Lee
Landon Mon.

Name
in
Full

Sarah Phipps

CERTIFICATE OF DEATH

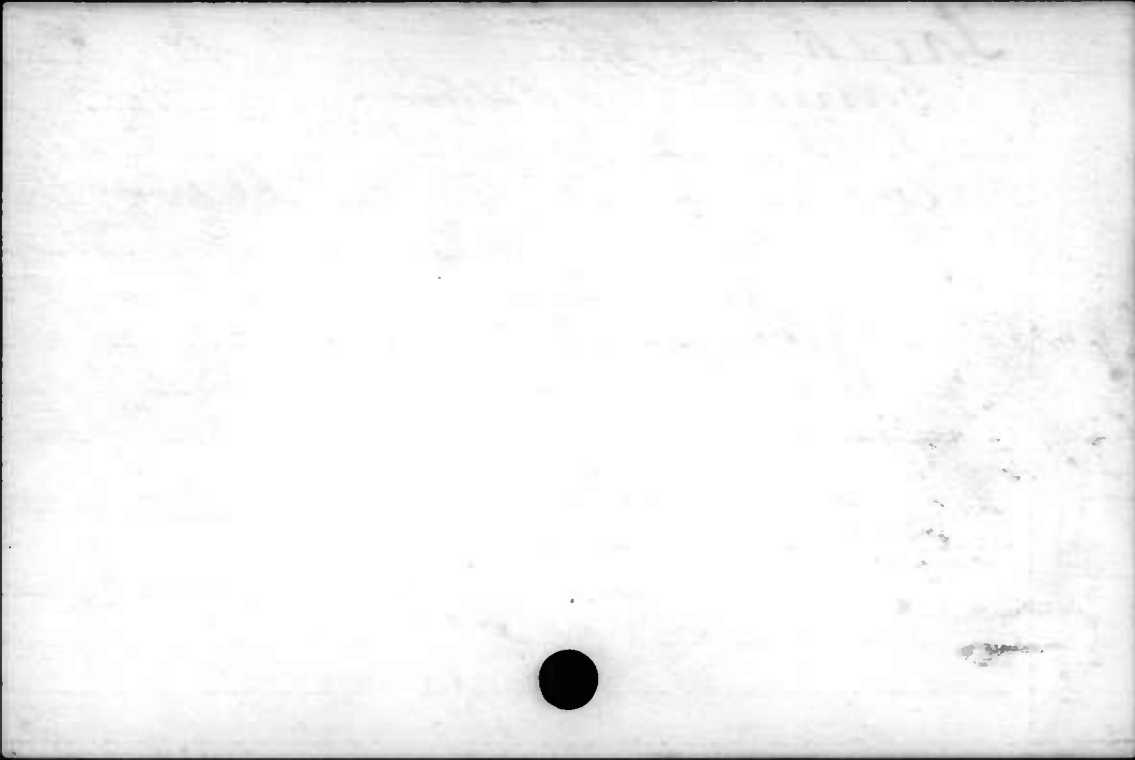
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barrison</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>2</i>	Age <i>—</i>	Months <i>—</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Barrison</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Austin Phipps</i>			Father's Birthplace <i>Pyramid</i>		
Mother's Maiden Name <i>Sarah Spivey</i>			Mother's Birthplace <i>Bald. Co.</i>		
Name of person giving In formation <i>Austin Phipps</i>			How related to deceased <i>Father</i>		

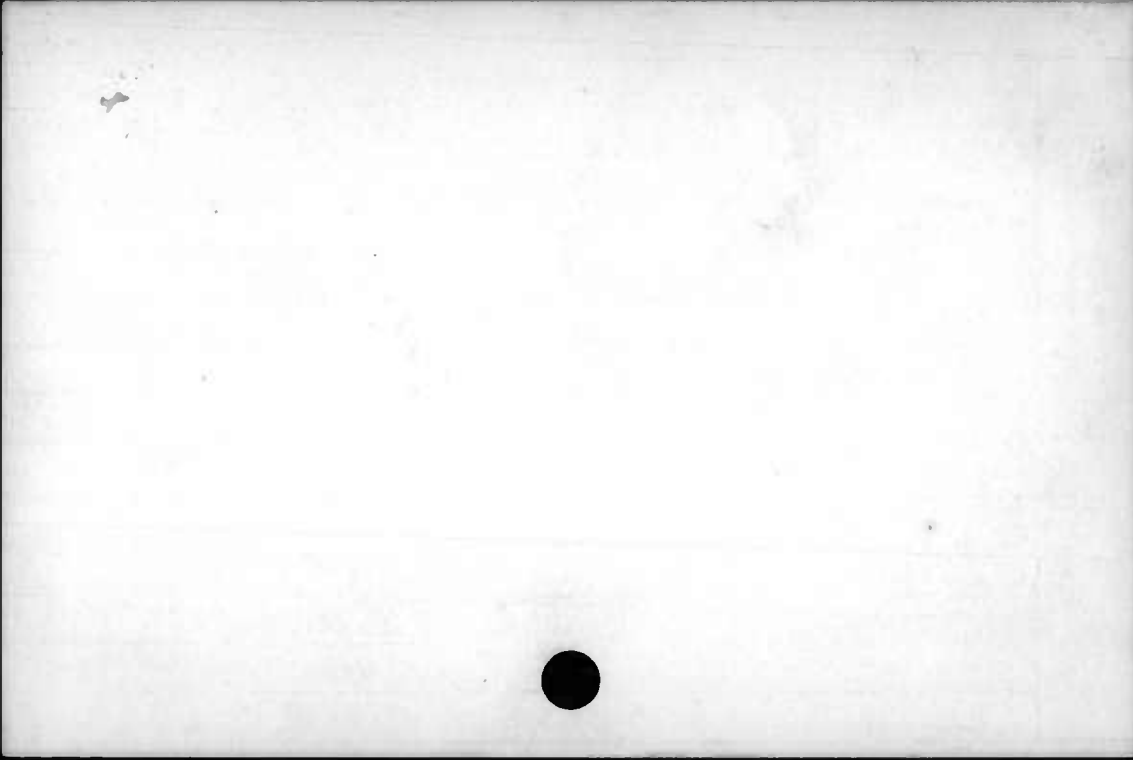
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Second day</i>
Immediate <i>Heart failure</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Nathan R. Foster MD</i>
<i>—</i>	Address <i>147 Biddle St Baltimore Md</i>
Accident or Suicide? <i>—</i>	<i>Cheltenham Hotel</i>



Name in Full David Poston		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Greenwood <small>Town</small>		Baltimore <small>County</small>
	Date of death 1903 Sept <small>Month</small> Wednes <small>Day</small> 63 <small>Years</small>		2 <small>Months</small> 4 <small>Days</small>
	Sex male	Color or Race White	Birth-place New York
	Married, Single or Widowed Widower	Occupation carpenter	
	Name of Wife or Husband		
	Father's Name David. Poston,	Father's Birthplace New York	
	Mother's Maiden Name Gaura Fuller.	Mother's Birthplace Baltimore	
Name of person giving information Wm. Blakely.		How related to deceased Son-in-law	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Chronic Diarrhea.		How long about 30 years.
	Immediate Exhaustion.		How long _____
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Luigard DeWitt Ford
	yes. no.		Address Parkville - Harford Road. Baltimore County.
Accident or Suicide?			



Name
in
Full

Wm J. Pangle

CERTIFICATE OF DEATH

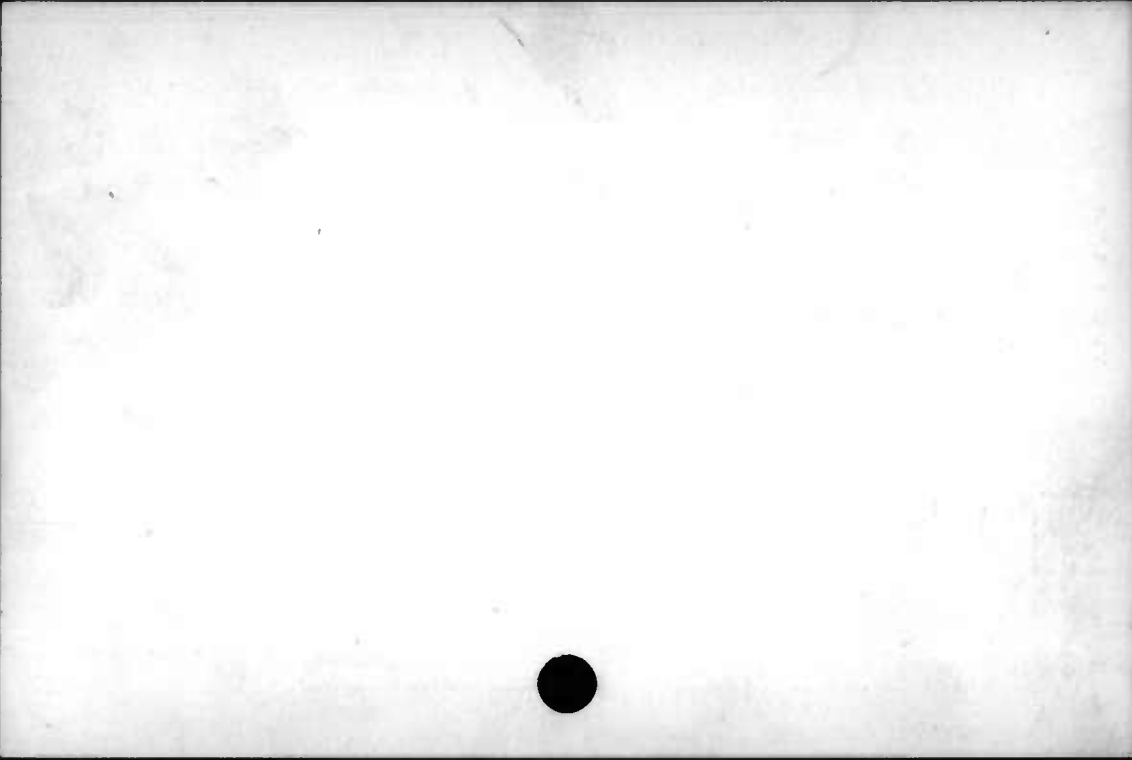
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinnis Point</i>		Town <i>Spinnis Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Sept.</i>	Day <i>20th</i>	Age <i>56</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>S. C.</i>			
Married, Single or Widowed <input checked="" type="checkbox"/>				Occupation <i>Latimer</i>			
Name of Wife or Husband <i>John Pangle</i>							
Father's Name <i>John Pangle</i>				Father's Birthplace <i>S. C.</i>			
Mother's Maiden Name <i>Harvey Lane</i>				Mother's Birthplace <i>S. C.</i>			
Name of person giving information <i>Mrs. Edmund Mervin</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Insufficiency</i>	How long	<i>Two years</i>
Immediate	<i>Natural Insufficiency</i>	How long	<i>Two years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. C. Edmund M.D.</i>	
		Address <i>Spinnis Point.</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Charles Henry Raymond

CERTIFICATE OF DEATH

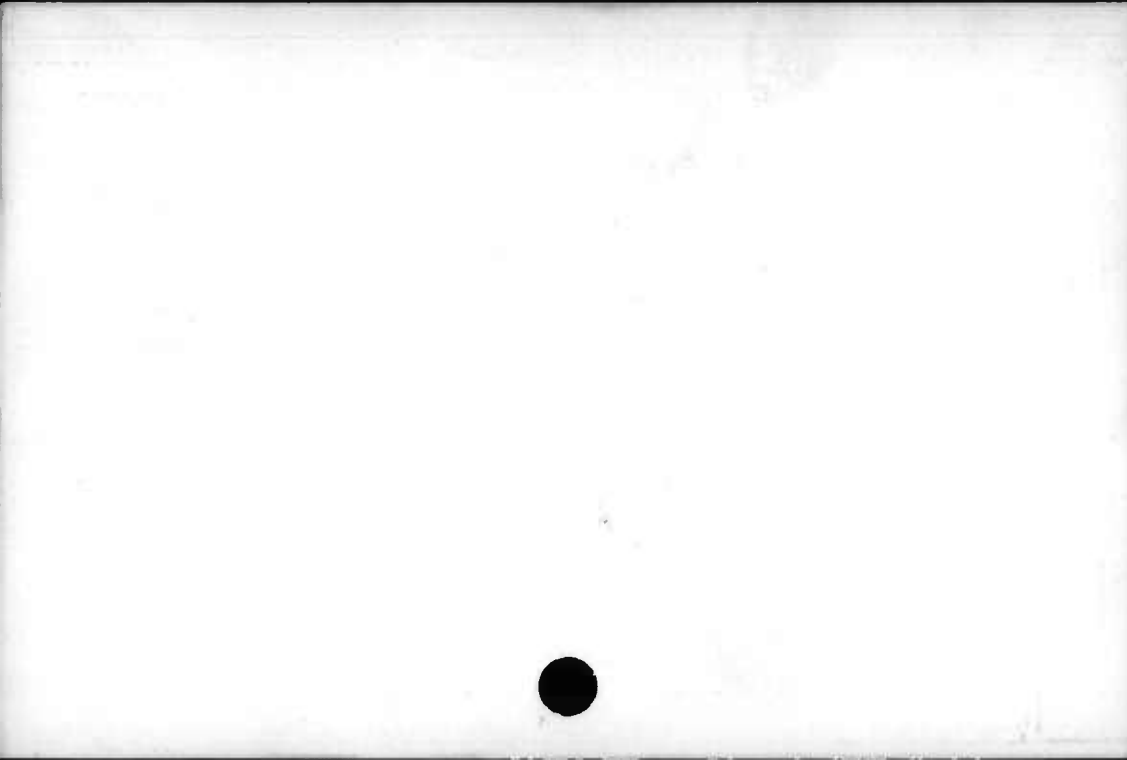
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calumet</u> ^{Town}		<u>Bald</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>2</u>	Age <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>male</u>	Color or Race <u>bold</u>		Birth-place <u>Calumet</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles Henry Raymond</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Josephine Fuller</u>			Mother's Birthplace <u>Calumet</u>		
Name of person giving Information <u>Elyza Ann Fuller</u>			How related to deceased <u>Grand mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. G. L. Mattfeldt.</u>
	Address <u>Health officer.</u>
Accident or Suicide?	<u>Calumet md</u>



Name
in
Full

Georgie Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Hope Retriek</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Sept</i>	Day <i>4th</i>	Years <i>56</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>			Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>		106		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving Information <i>Recds of Mr Hope</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Enteritis (Septic)</i>	How long
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mr Hope Retriek</i> <i>Balto Co Md.</i>
Accident or Suicide?	

1



Name
in
Full

Edward Riddell Sanner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hamletton</i>		County <i>Bato</i>		MARYLAND	
Date of death 190		Month <i>3</i>	Day <i>Sept</i>	Age <i>9</i>	Years	Months <i>1</i>	Days <i>18</i>
Sex <i>male</i>		Color or Race		<i>White</i>		Birth- place <i>Bato Co</i>	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Edward Sanner</i>				Father's Birthplace <i>Bato</i>			
Mother's Maiden Name <i>Mabel Doble</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>mother</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>2 wks</i>
Immediate <i>Exhaustion</i>		How long <i>2 dgs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Swigs & Swigart</i>
		Address <i>Hamletton</i>
Accident or Suicide? <i>—</i>		



Name in Full		Mary Eva Shaab				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Catoonsville</i> Town			<i>Baltimore</i> County		MARYLAND	
	Date of death 190 <i>3</i>		Month <i>September</i>	Day <i>11</i>	Years Age <i>33</i>	Months <i>5</i>	Days <i>1</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Balto County</i>		
	Married, Single or Widowed <i>Single</i>			Occupation <i>No occupation</i>			
	Name of Wife or Husband						
	Father's Name <i>John. Joseph Shaab</i>				Father's Birthplace <i>Germany</i>		
	Mother's Maiden Name <i>Christina Agnes Shaab</i>				Mother's Birthplace <i>Germany</i>		
Name of person giving In formation <i>Geo. L. Muth</i>				How related to deceased <i>brother in law</i>			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Chronic Parenchymatous Nephritis</i>				How long <i>Two or three years</i>		
	Immediate <i>Uraemia</i>				How long <i>Last illness about two weeks</i>		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Shady Macgill</i>		
					Address <i>Catoonsville</i>		
Accident or Suicide?							



Name
in
Full

Gladys Louise Schaub

CERTIFICATE OF DEATH

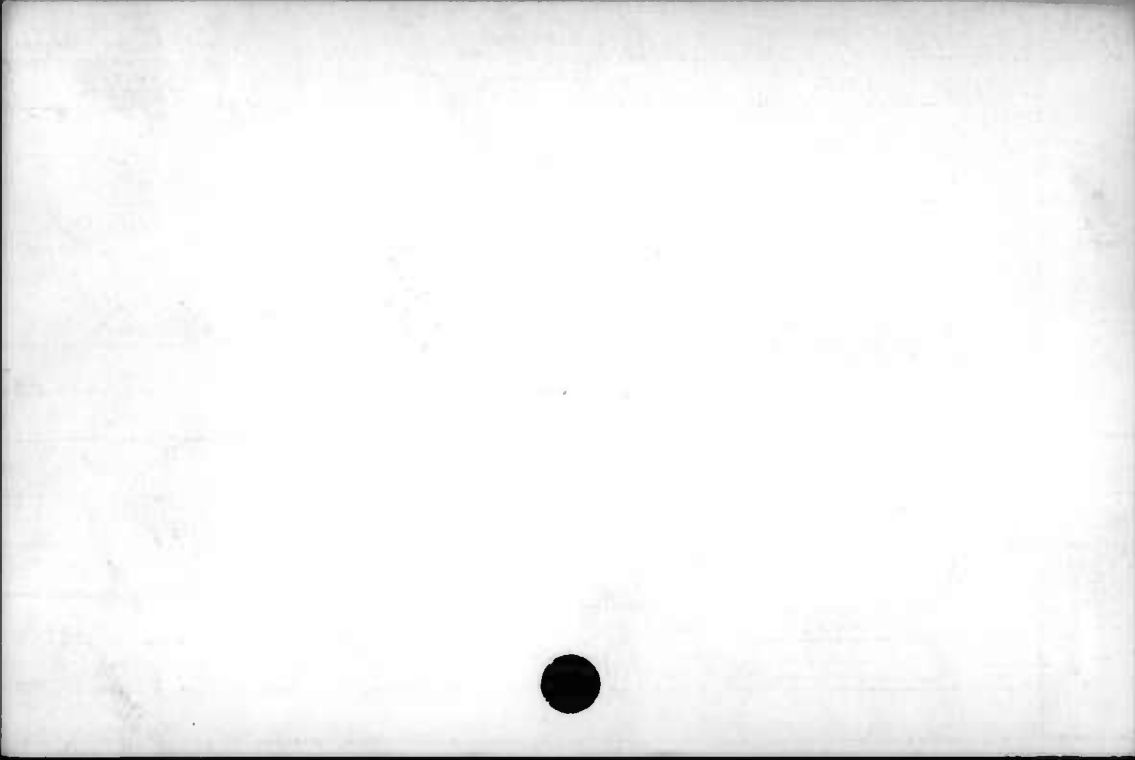
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	<i>Sept</i> ^{Month}	<i>6</i> ^{Day}	<i>—</i> ^{Years}	<i>4</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Catonsville</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>John Henry Schaub</i> <i>105</i>		
Mother's Maiden Name			<i>Mary Elizabeth Salmon</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



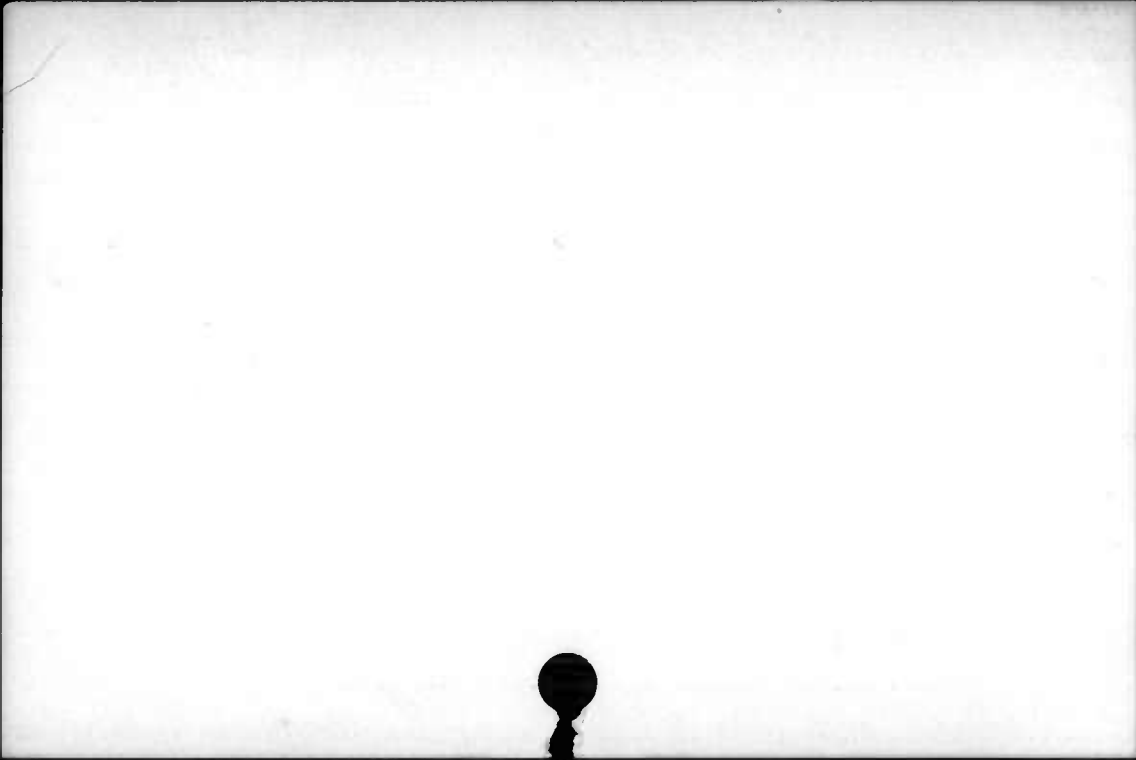
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Point Road</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>23</i>	Age <i>44</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed			Occupation <i>Dairyman</i>				
Name of Wife or Husband <i>Catherine Schipley</i>							
Father's Name <i>John Schipley</i>			Father's Birthplace <i>Ger</i>				
Mother's Maiden Name <i>Catherine Schaefer</i>			Mother's Birthplace <i>Ger</i>				
Name of person giving information <i>Catherine Schipley</i>			How related to deceased <i>Wife</i>				

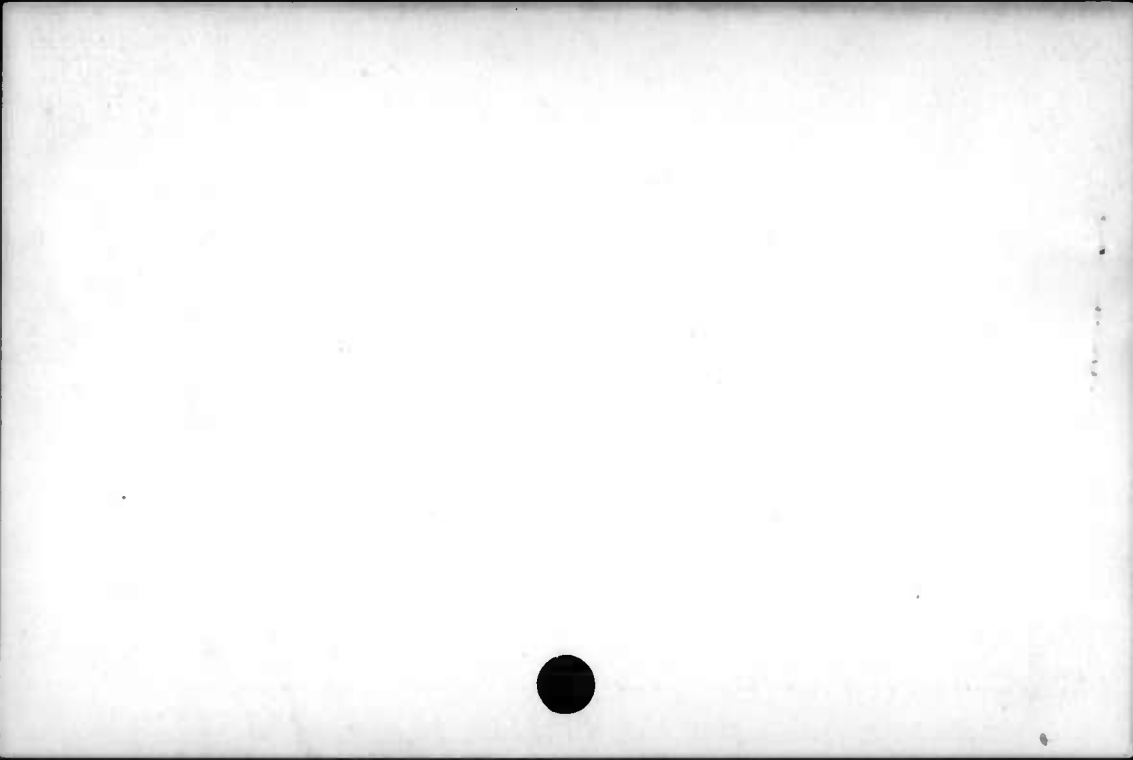
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary hemorrhage,</i>	How long <i>6 days.</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Schofield</i>
	Address <i>1400 First St.</i>
Accident or Suicide?	



Name in Full Caroline E. Schoch		CERTIFICATE OF DEATH	
Died at Humore Park Md ^{Town} Baltimore ^{County}		MARYLAND	
Date of death 1903	Month Sept	Day 8th	Age 82
Sex Female		Color or Race White	Birth-place
Married, Single or Widowed Widow		Occupation —	
Name of Wife or Husband M. P. Schoch		(Beers)	
Father's Name Jos. Beeler		Father's Birthplace Beers Co Pa	
Mother's Maiden Name Sallie Powell Preston		Mother's Birthplace Florida	
Name of person giving information Floyd Shock		How related to deceased Son	
CAUSES OF DEATH			
Primary Chronic Bronchitis		How long Six years or more	
Immediate Exhaustion, old age		How long a week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J L Schoch	
yes		Address Shippensburg Penna	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

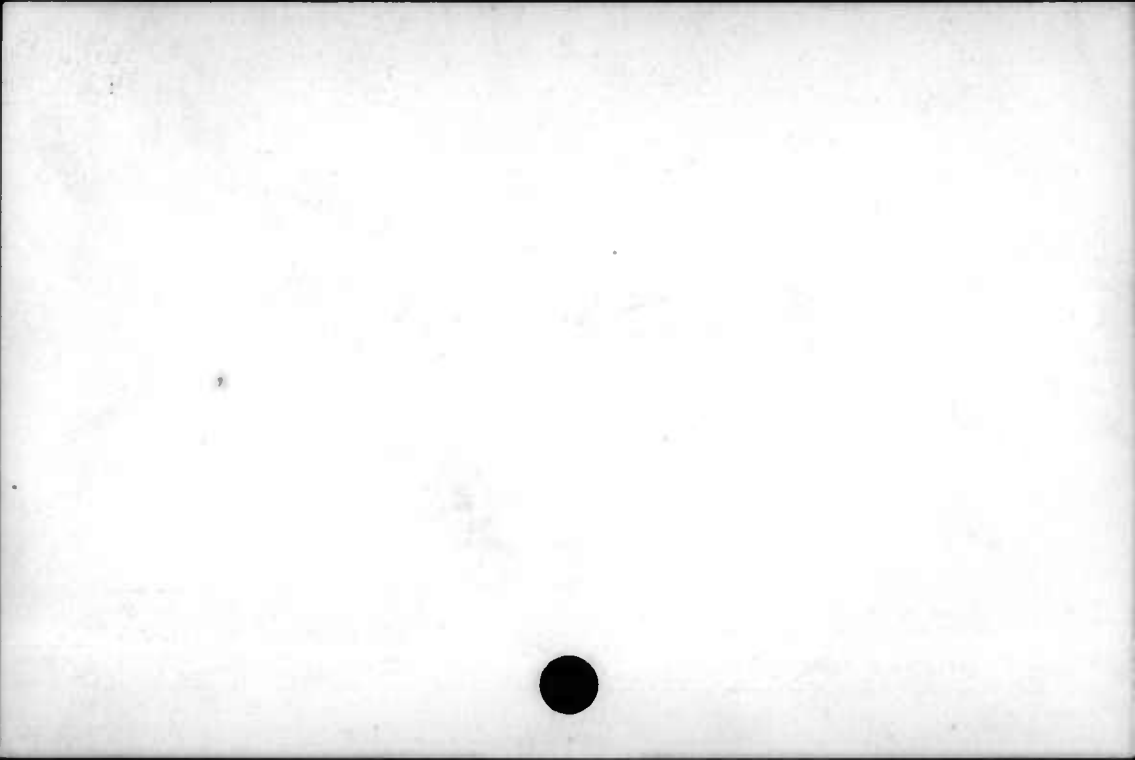
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spum's Point</i> Town			<i>Scott</i> County			MARYLAND		
Date of death 1903		Month <i>Sept.</i>	Day <i>12</i>	Age Years		Months		Days <i>12 days</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Spum's Point</i>		Occupation		
Married, Single or Widowed								
Name of Wife or Husband								
Father's Name <i>George W Scott.</i>				Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Dora M Pugh</i>				Mother's Birthplace <i>MD</i>				
Name of person giving information <i>George W Scott</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>—</i>
Immediate	<i>Pneumonia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank C. Decker M.D.</i>	
		Address <i>Spum's Point.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

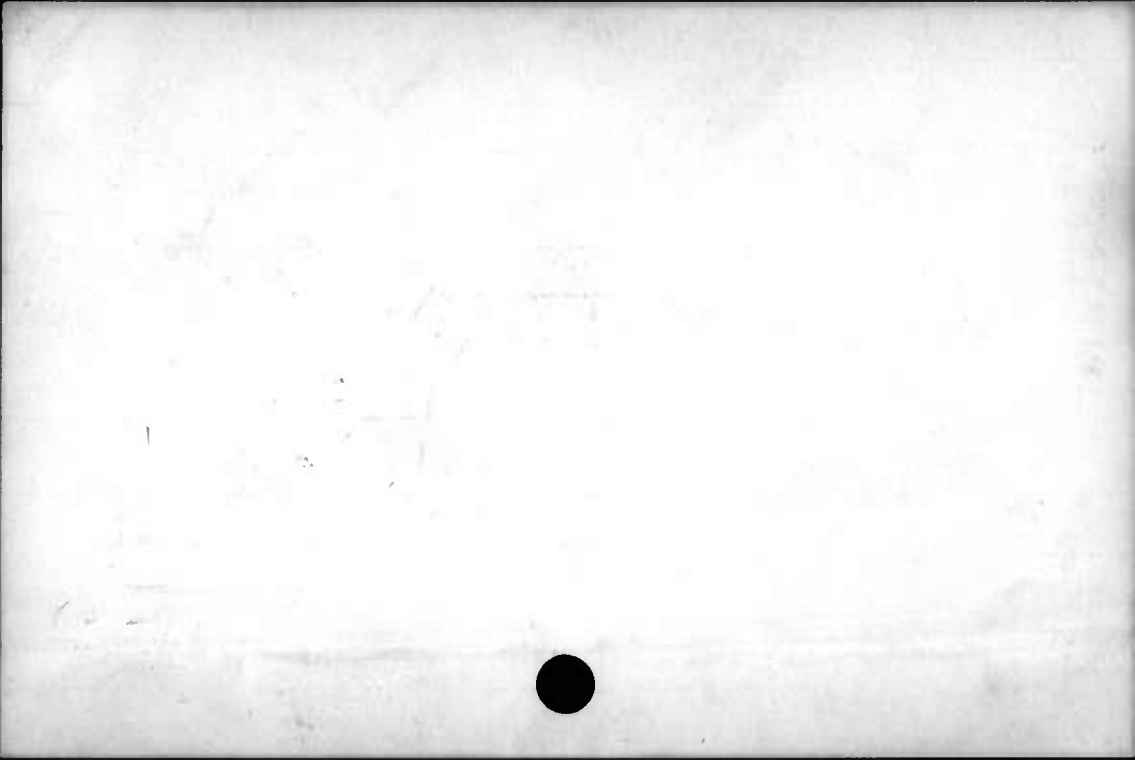
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spinnis Point</i>		Town		<i>Scott</i>		County		MARYLAND	
Date of death 1903	3	Month	Sept.	Day	13	Age	Years	Months	Days
Sex <i>Female</i>		Color or Race		<i>White</i>		Birth-place		<i>Spinnis Point</i>	
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name				<i>Geo. W. Scott</i>				Father's Birthplace	
Mother's Maiden Name				<i>Anna Pugh</i>				Mother's Birthplace	
Name of person giving information				<i>Geo. W. Scott</i>				How related to deceased	
								<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pruritus</i>	How long
Immediate	<i>Pruritus</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician
		<i>The Elderly M.D.</i>
		Address
		<i>Spinnis Point</i>
Accident or Suicide?		



Name
in
Full

William E. Simpson

CERTIFICATE OF DEATH

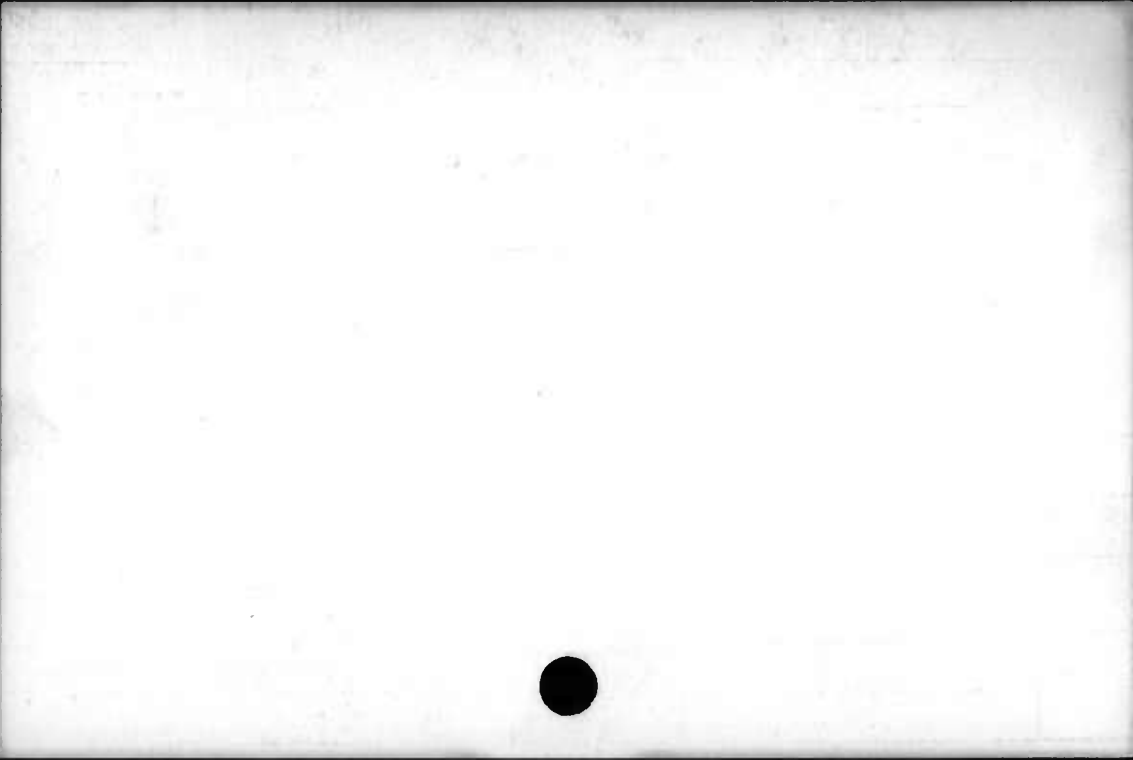
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mount Winnes</u> ^{Town}		<u>Beth</u> ^{County}		MARYLAND	
Date of death <u>Sept 11</u> 190 <u>3</u>	Month <u>Sept.</u>	Day <u>11</u>	Age <u>50</u> Years	Months <u>Sept.</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Beth City</u>		
Occupation <u>Retiree</u>	Where Residing if not at place of death <u>Mount Winnes</u>				
Married or Widowed	Name of Wife or Husband <u>William E. Simpson</u>				
Father's Name <u>James Simpson</u>	Father's Birthplace <u>Baltimore City</u>				
Mother's Maiden Name <u>Luciana Bartlett</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Elyah. Simpson</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>10 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>24 hr.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>		
	Signature of Physician <u>N. Fowler</u>	Address <u>712 S. Sharp St</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

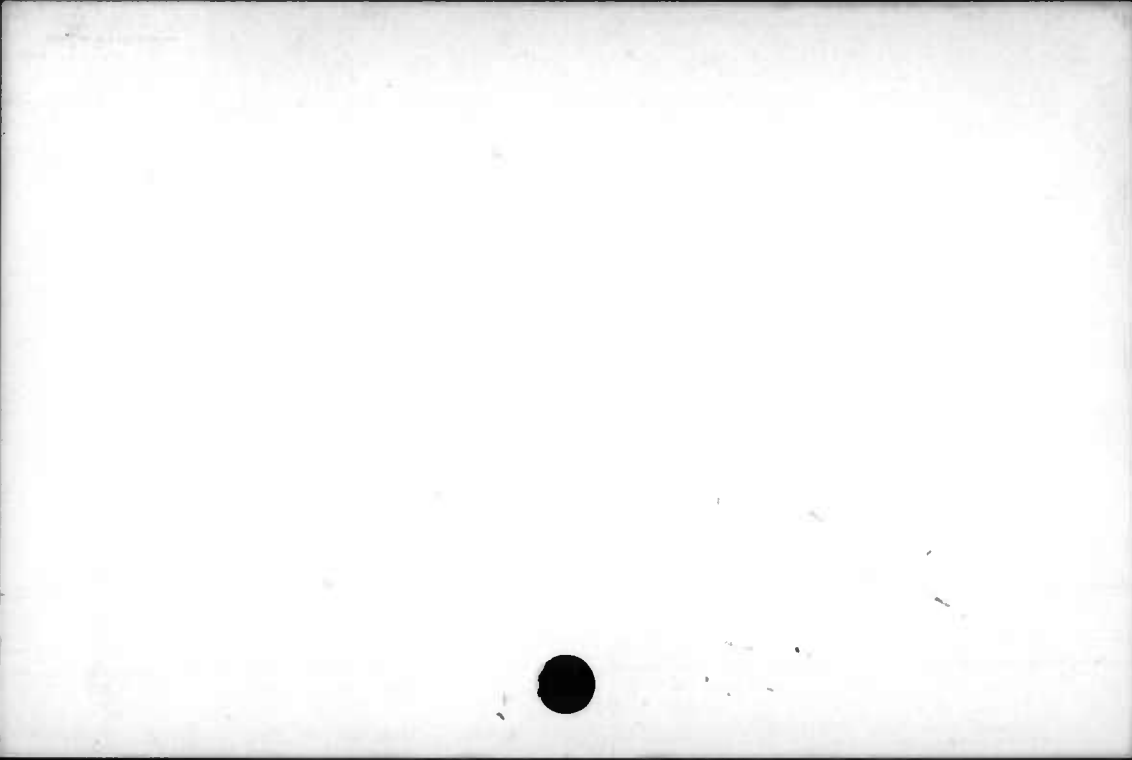
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlensburg</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept.</i>	Day <i>24</i>	Age <i>28</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Woodlensburg</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband <i>—</i>							
Father's Name <i>Randolph Glade</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Bertie Morrison</i>				Mother's Birthplace <i>Baltimore City</i>			
Name of person giving information <i>Ollie Glade</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Five weeks</i>
Immediate <i>Heart Failure (Exhaustion)</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H M Glade</i>
	Address <i>Reisterstown Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Helen Anita Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *St Denis* County *Baltimore* MARYLAND

Died at *St Denis*

Date of death 190*3* Month *Sept.* Day *12* Age *—* Years *—* Months *8* Days *17*

Sex *Female* Color or Race *White* Birth-place *Md*

~~Married, Single~~ Occupation *105*
~~or Widowed~~

Name of Wife or Husband *—*

Father's Name *Albert Smith* Father's Birthplace *Md*

Mother's Maiden Name *Margaret Manning* Mother's Birthplace *Md*

Name of person giving information *Mrs Margaret Smith* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Improper feeding* How long *8 mos*

Immediate *Enterocolitis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. R. Eareckson*

over Address *Eek Ridge, Md*

over

~~Accident or Suicide?~~

Dr. Will you kindly
make out certificate
and mail today so
as I can get it in the
morning

and oblige
Wm J Tickner to me
421 W. Camden St
Baltimore

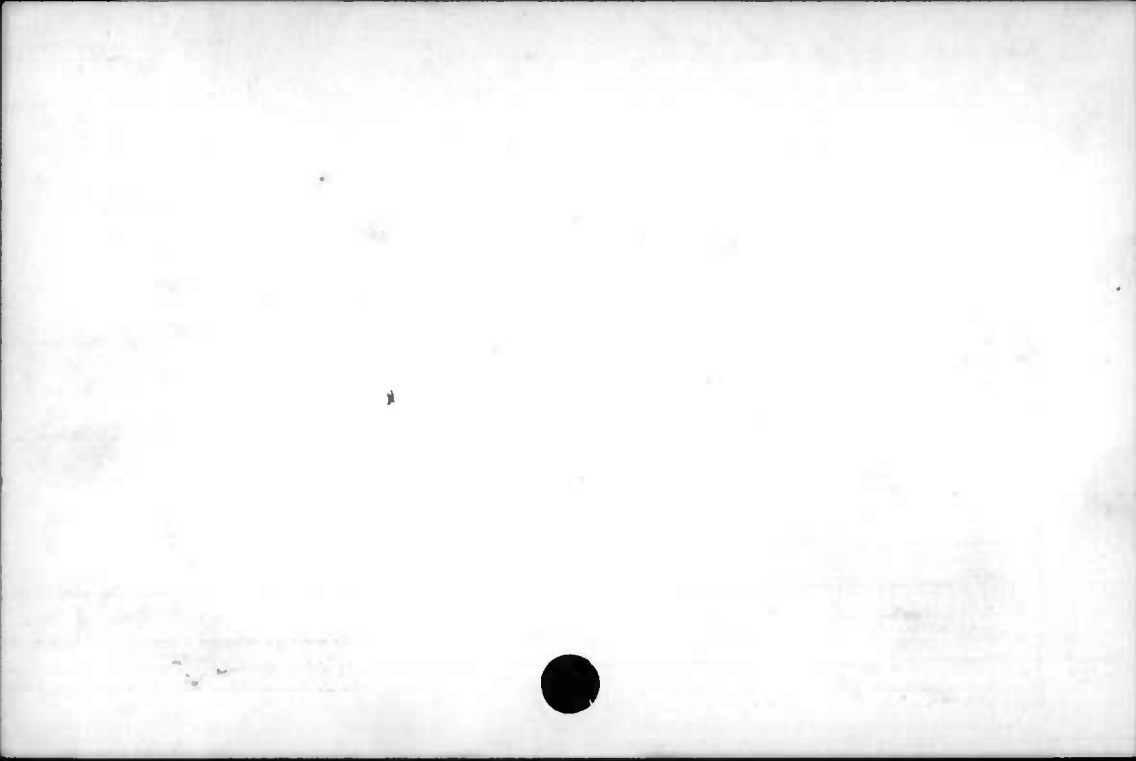
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Snyder</i>		<i>Arbington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1903</i>		Month <i>9</i>		Day <i>23</i>		Age <i>58</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>3</i>	
Occupation <i>leaper</i>		Where Residing if not at place of death				Days <i>26</i>	
Married, single or Widowed		Name of Wife or Husband <i>Annie Snyder</i>					
Father's Name <i>Andrew Snyder</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Bernice M. Snyder</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Mrs. A. Halligan</i>		How related to deceased <i>20</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>Not known</i>
Immediate <i>Measles Poisoning</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. H. H. H. H.</i>
	Address <i>Sta - E. Co. H.</i>
Accident or Suicide? Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Stewart Jr</i>				County <i>Baltimore</i>		MARYLAND	
Died at <i>Ecceleston</i>		Town		County			
Date of death 1903	Month <i>Sept.</i>	Day <i>27</i>	Age <i>32</i>	Years	Months <i>4</i>	Days <i>28</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Merchant</i>					
Name of Wife or Husband <i>Mary Washington Keyser</i>							
Father's Name <i>C. Morton Stewart</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Josephine Lorman</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>C. Morton Stewart Jr.</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>		How long <i>2 mos</i>
Immediate <i>Emboli in heart failure</i>		How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm Taylor</i>
		Address <i>Pikesville</i>
Accident or Suicide?		<i>No</i>

1 H1 III

Name
in
Full

Mrs M-A-B. Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope Rehears ^{County} BaltimoreDate of death 1903 ^{Month} Sept ^{Day} 27 ^{Years} Age 62 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name 120 Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information Recds of Mt Hope Rehears How related to deceased

CAUSES OF DEATH

Primary Chronic Nephritis - See Dementia - How long

Immediate Ex Cardiac Collapse - How long

Are the name, age, sex, color, date and place correctly given above? White

Signature of Physician

Address

Frank J. Flannery
Mt Hope Rehears
Balto Co. Md.

Accident or Suicide?



Name in Full

Certificate of Death

James E. Townes

Town

County

Died at *Halethorpe* *Baltimore*

MARYLAND

Date 1903	Month <i>Sept.</i>	Day <i>3</i>	Y. <i>37</i>	M. <i>5</i>	D. <i>13</i>	Native of <i>Md.</i>	Occupation <i>Salesman</i>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	

Husband of *Anna K. Townes*

Father's Name <i>Robt. E. Townes</i>	Mother's Maiden Name <i>Frances Ann Kirby</i>
---	--

Cause of Death	Primary <i>Pulmonary Tuberculosis</i>	How long sick <i>about 4 years</i>
	Immediate <i>Inanition</i>	<i>27.</i> Accident , Suicide , Homicide

Reported by *Wm R. Eareckson*Address *Eek Ridge Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Crowley Bros.

Cedar Hill

Name
in
Full

Bertha Turnbaugh

CERTIFICATE OF DEATH

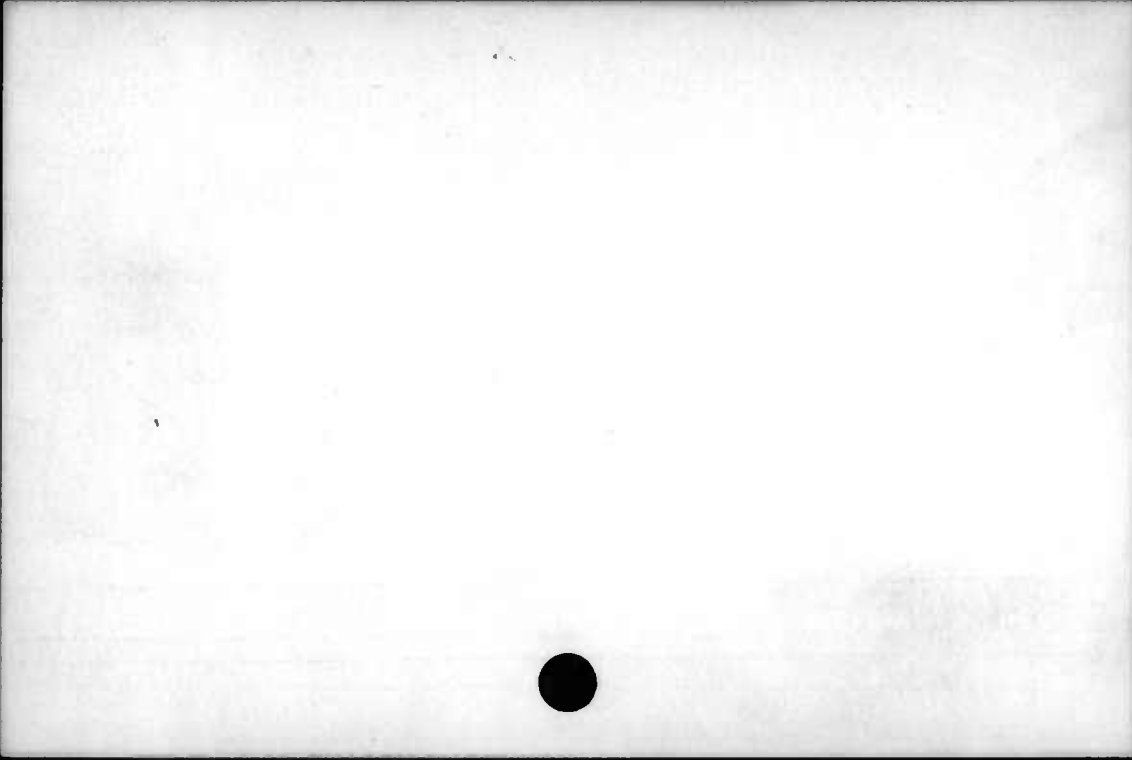
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>worthing's valley</i>		Town <i>Baltimore</i>		County- <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>19</i>	Age	Years	Months	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Batts co Md</i>				
Married, Single or Widowed <i>Single</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Wm Turnbaugh</i>				Father's Birthplace <i>Batts. co. Md</i>			
Mother's Maiden Name <i>Jida M Pelzer</i>				Mother's Birthplace <i>Batts. co. Md</i>			
Name of person giving information <i>Wm Turnbaugh</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Immature birth</i>	How long <i>7 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. P. Rice</i>
	Address <i>Hydram Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mrs. Eliza Turner.

Died at

Mt Washington. County Baltimore

MARYLAND

Date 1943

Month Day Sept. 17.

Age

59. 3. 17

Native of

Md.

Occupation

housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband

Wife

Father's

Name

Henry Strong.

Mother's

Maiden Name

Margaret Mathews (?)

Cause of

Primary

Chronic Nephritis

How long sick

abt 18 mos

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

Address

William J. Todd M.D.
Mt Washington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. S. Waus hal
3539 Fall Road
Brook @ X —

Name
in
Full

Catherine, N. Vail

CERTIFICATE OF DEATH

Town

County

Died at

Crescent Mills

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

Sept

26

Age

66

Sex

Female

Color or
Race

white

Birth-
place

Ireland County Mayo

Married, Single
or Widowed

widow

Occupation

Name of Wife or
Husband

Edwin

Father's
Name

Michel

Colbert

Father's
Birthplace

Ireland

Mother's
Maiden NameMother's
BirthplaceName of person giving
information

Ida V Vail

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Tuberculosis

How long

13 years

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. Herbert Buckley

Address

Reisterstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

is
Full

Mrs Margaretta S. Wahans

CERTIFICATE OF DEATH

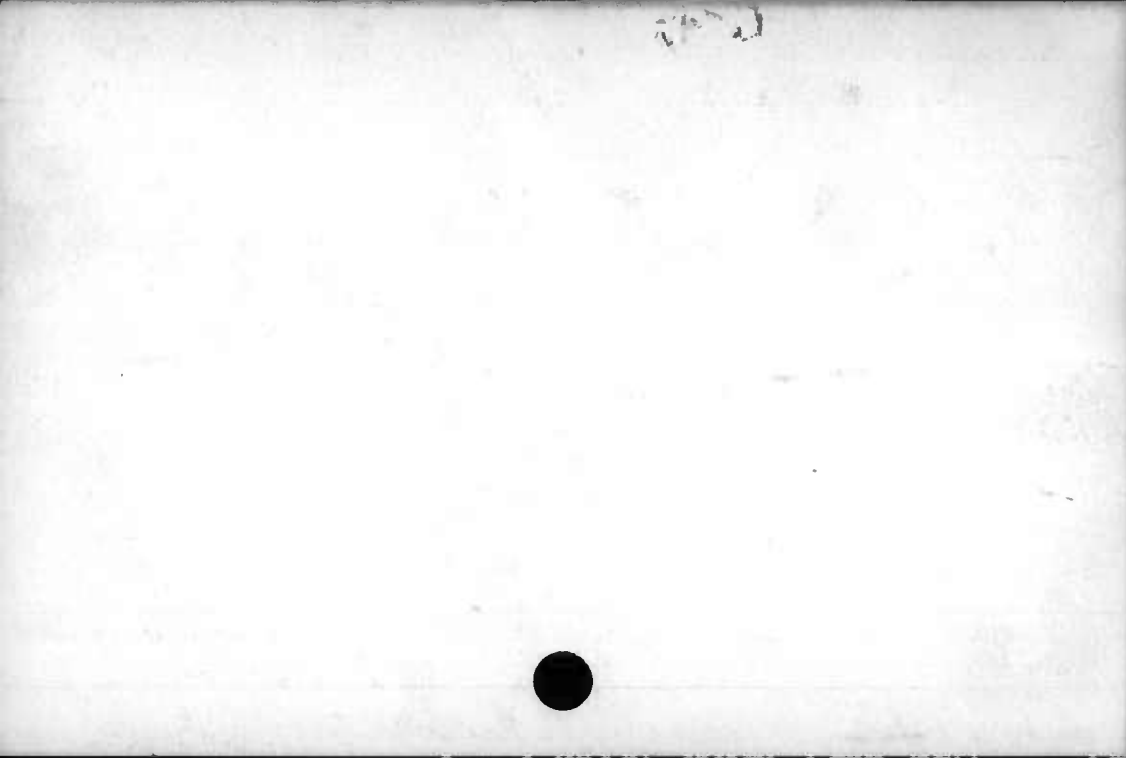
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i>		Town <i>St Denis</i>		County <i>Balto Co</i>		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>19</i>	Age <i>59</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>August Wahans</i>							
Father's Name <i>Edw. J. Leavening</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Emelia Martin</i>				Mother's Birthplace <i>Penna.</i>			
Name of person giving information <i>Elinor Dietz</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Failure</i>	How long <i>years</i>
Immediate <i>"</i>	How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. F. Bradley M.D.</i>
	Address <i>St Denis Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

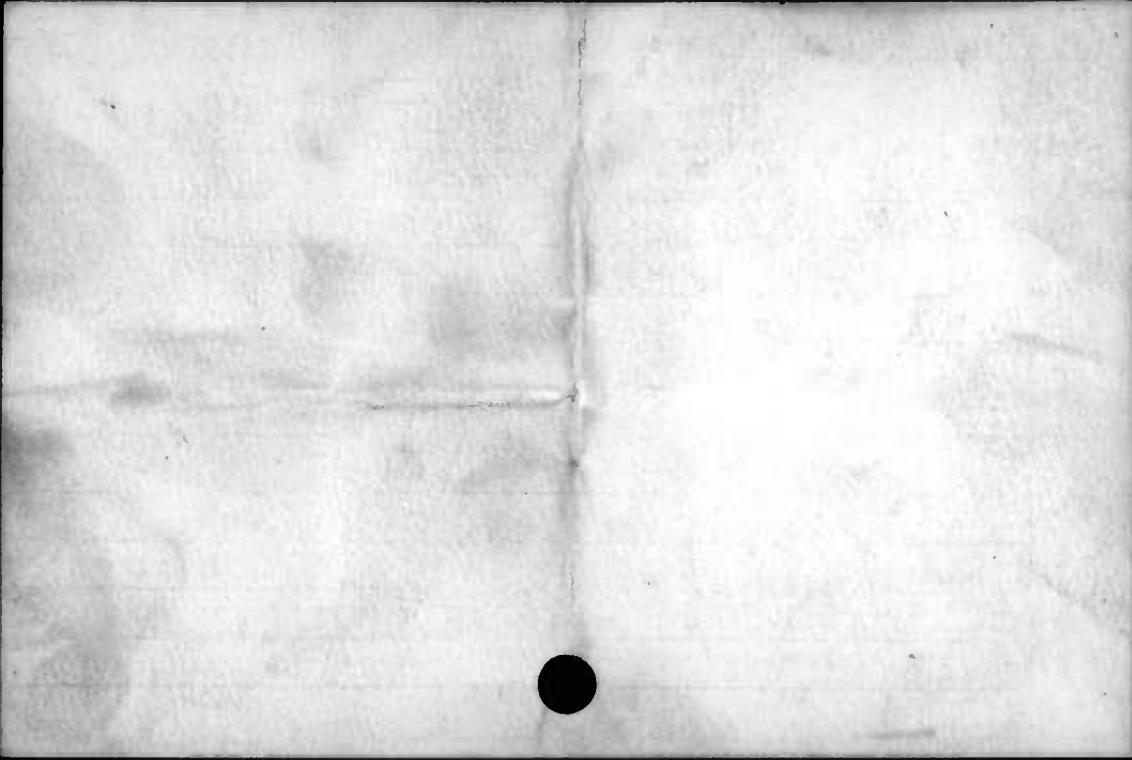
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1403</i>	Month <i>9</i>	Day <i>13</i>	Age <i>12</i>	Months <i>—</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>City</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Helper in Glass House</i>				
Name of Wife or Husband					
Father's Name <i>Oleiv J Wardell</i>				Father's Birthplace <i>City</i>	
Mother's Maiden Name <i>Carrie Zachman</i>				Mother's Birthplace <i>Prima</i>	
Name of person giving information <i>George Roman</i>				How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>Immediate</i>
Immediate <i>Drowning</i>	How long <i>1 1/2</i>
Are the name, age, sex, color, date and place correctly given above?	
Signature <i>August W. Miller</i>	
Address <i>Mt. Winans</i>	
<i>Balto Co Md</i>	
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Elta May Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore County Balt

MARYLAND

Date of death 1903 Month 9 Day 17 Age Years 11 Months — Days —

Sex Female Color or Race White Birth-place Balt Md

Married, Single or Widowed Single Occupation —

Name of Wife or Husband —

Father's Name Charles Waters 177 Father's Birthplace Balt Md

Mother's Maiden Name Florence Powell Mother's Birthplace " "

Name of person giving information Joseph Powell How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Drowning How long Immediate

Immediate Drowning How long " "

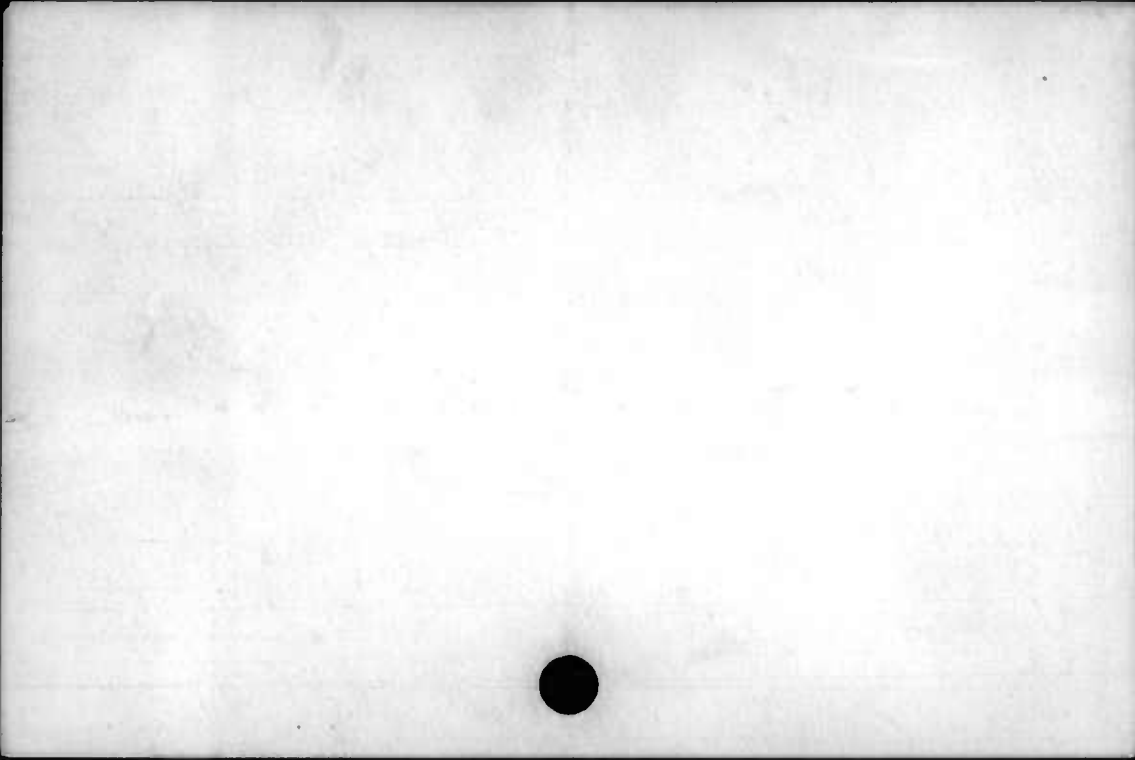
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician August W. Miller, Coroner

Address Int Wmians

Balt Co Md

Accident or ~~Suicide~~



Name
in
Full

Premature

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reestus town</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Life</i> ^{Month}	<i>13</i> ^{Day}	<i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Reestus town</i>		
Married, Single or Widowed <i>Infant</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>Thos Watts</i>			Father's Birthplace <i>a a c m y</i>		
Mother's Maiden Name <i>Margaret Cleary</i>			Mother's Birthplace <i>a a c m y</i>		
Name of person giving information <i>"</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos Price M D</i>
	Address <i>Glyndon</i>
Accident or Suicide?	



Name
In
Full

Annle C. Heber

CERTIFICATE OF DEATH

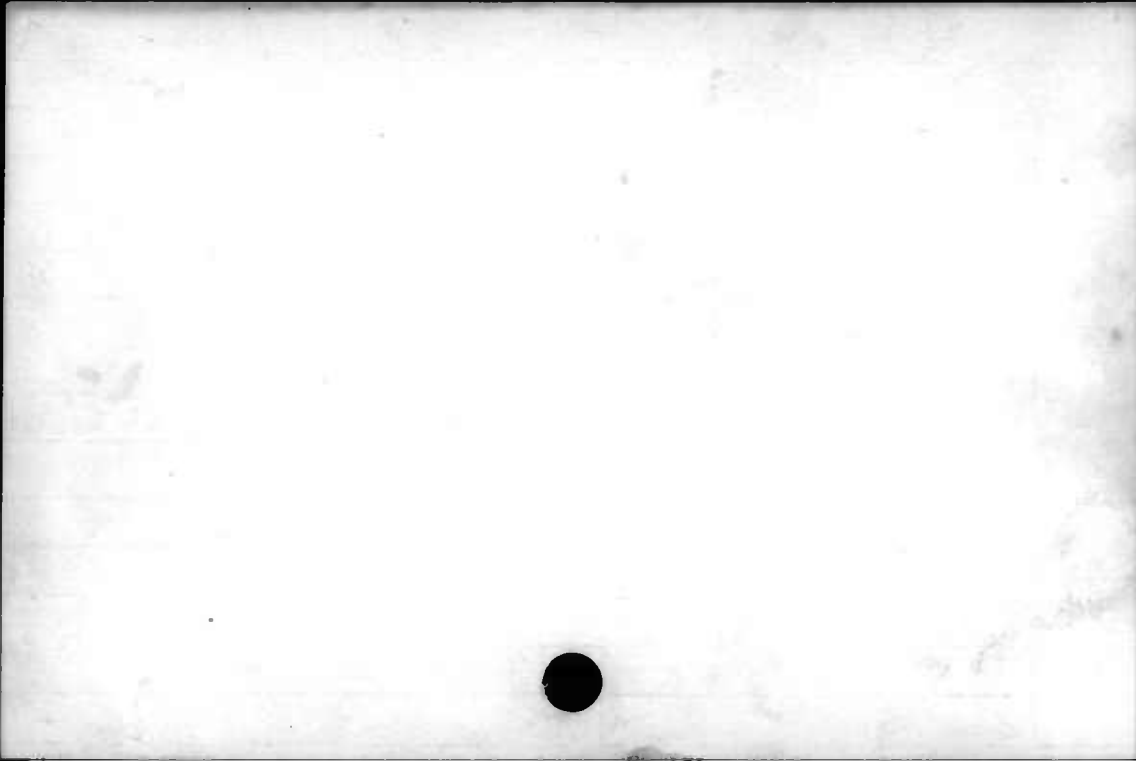
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County} <u>County</u>		<u>Maryland</u> MARYLAND	
Date of death 1903	Month <u>Sept</u>	Day <u>24th</u>	Age <u>—</u>	Years <u>—</u>	Months <u>One</u>
Sex <u>Female</u>		Color or Race <u>White</u>	Birth- place <u>Canton</u> <u>Baltimore Md.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Joseph Heber</u>			Father's Birthplace <u>Baltimore City</u>		
Mother's Maiden Name <u>(Heber) Lechia Amesen</u>			Mother's Birthplace <u>Baltimore City</u>		
Name of person giving In formation <u>Joseph Heber</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>6 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Schwatka M.D.</u>
	Address <u>2429 Fair Ave</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Cecilia E. Weber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carnton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>8</i>	Years <i>26</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housework</i>				
Name of Wife or Husband <i>Joseph Weber</i>					
Father's Name <i>James M. Oleson</i>			Father's Birthplace <i>Norway</i>		
Mother's Maiden Name <i>Margaret Ficks</i>			Mother's Birthplace <i>Balto. Md</i>		
Name of person giving information <i>Joseph Weber</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>One week</i>
Immediate <i>Phresea</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Schwatka M.D.</i>
	Address <i>2429 Fair Ave</i>
Accident or Suicide? <i>no</i>	

Germanus France
Mount Carmel Cemetery
Sept 11 1903

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Ellen Whitman</i>		Town <i>St. Agnes'</i>		County <i>Balt.</i>		State <i>MARYLAND</i>	
Died at <i>St. Agnes' Sanitarium</i>		Month <i>IX</i>		Day <i>23</i>		Years <i>45</i>	
Date of death 1903		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Jersey City, N.J.</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>None</i>			
Name of Wife or Husband <i>H. N. Whitman</i>							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>		How long <i>13 mths + more</i>	
Immediate <i>General exhaustion</i>		How long <i>1 mth</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. W. Keown</i>	
		Address <i>1938 Linden Av</i>	
Accident or Suicide?			

W. Fahey & Sons
Funeral Directors

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>26</i>	Age <i>76</i>	Months <i>3</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single <input checked="" type="checkbox"/> Widowed			Occupation <i>none</i>		
Name of wife or Husband <i>Charles A. Hieday</i>					
Father's Name <i>Lem Kehl</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>John Hieday</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Critical Regurgitation</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. H. Beeton</i>
	Address <i>Wt Washington Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

Baltimore

Cen

Name in Full		Anna May Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Canton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
		Date of death 190 <u>3</u> <small>Month</small>		<u>Sept</u> <small>Day</small>		<u>4</u> <small>Years</small>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Butte Mont USA</u>	
		Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
		Name of Wife or Husband <u>—</u>					
		Father's Name <u>David Williams</u>		Father's Birthplace <u>America</u>			
		Mother's Maiden Name <u>Margaret Kisserer</u>		Mother's Birthplace <u>"</u>			
		Name of person giving information <u>"</u>		How related to deceased <u>mother</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Acute Nephritis</u>				How long <u>3 weeks</u>	
		Immediate <u>Pulmonary Congestion</u>				How long <u>2 days</u>	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>M. J. McCahey M.D.</u>	
						Address <u>834 S. Canton St.</u>	
		Accident or Suicide?					

H. SANDER & SONS,

1708 & 1710 Canton Ave.

MV Carmel Co

Name in Full

Certificate of Death

Died at

Date

Male

Female

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jessie Williams

Town Stablersville County Balt

Month	Day	Y.	M.	D.	Native of	Occupation
Sept.	20	32	1	5	Md	Housewife

White	Married	Widow	Divorced	Number of children living
Colored	Single	Widower		3

Primary	How long sick
Immediate	18 days

Peritonitis	Accident, Suicide, Homicide
-------------	-----------------------------

B. B. Morris
Parkton
Md



Name in Full		William Williamson Jr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Banton		Baltimore		MARYLAND	
		Date of death 1903		Month		Day	
		3		Sep.		21	
		Age		Years		Months	
		1					
		Sex		Color or Race		Birth-place	
Male		White		Baltimore			
		Married, Single or Widowed		Occupation			
		Single		None			
		Name of Wife or Husband					
		Father's Name			Father's Birthplace		
		William Williamson			Baltimore		
		Mother's Maiden Name			Mother's Birthplace		
		Mary Kegel			Baltimore		
		Name of person giving information			How related to deceased		
William Williamson			Father				
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Eulvonsions					
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
						Mrs Burdeart	
				Address			
				1081 Bouldin St			
				Banton			
Accident or Suicide?							

H. Sanders & Co

Mt Carmel, Pa

Name
in
Full

Daniel S. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rayville ^{County} Baltimore MARYLAND

Date of death 1903 ^{Month} 9 ^{Day} 30 ^{Age} 71 ^{Years} ^{Months} — ^{Days} —

Sex male Color or Race white Birth-place Md.

Married, Single or Widowed married Occupation farmer

Name of Wife or Husband Elizabetha A. Wilson

Father's Name John Wilson Father's Birthplace md.

Mother's Maiden Name Rachel Tyson 120 Mother's Birthplace —

Name of person giving information Frank Wilson How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ~~Chronic Intestinal Aphritia~~ How long Two years

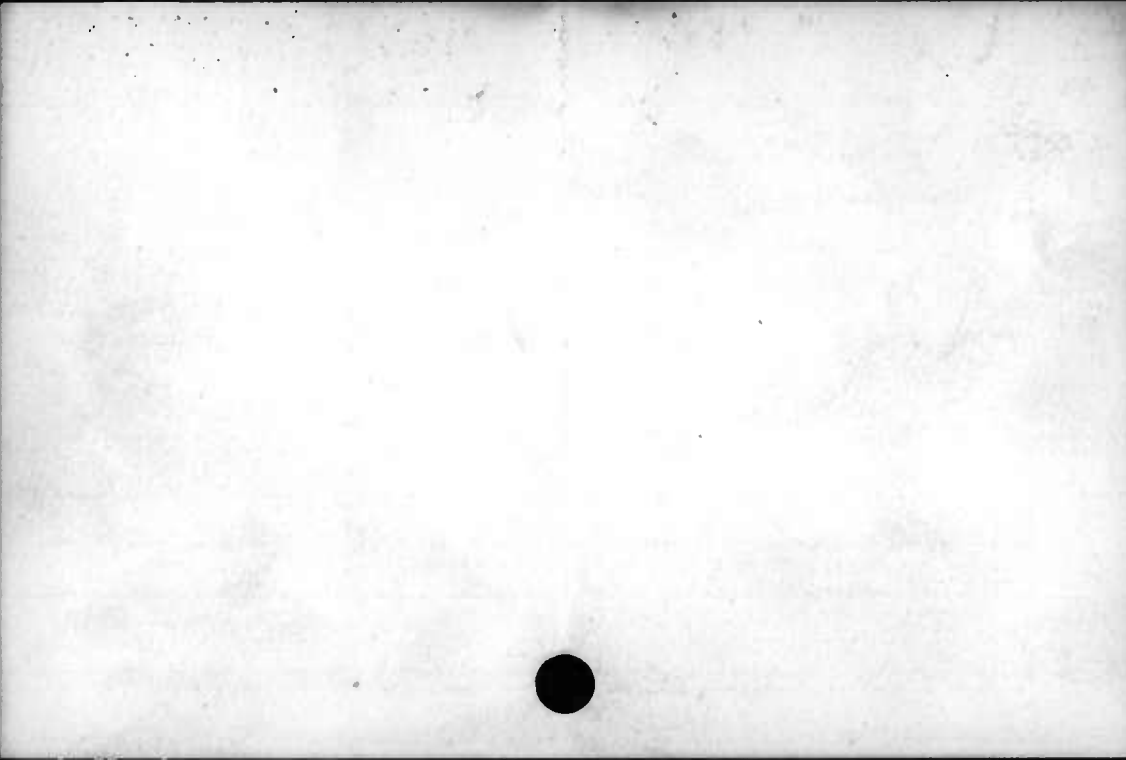
Immediate Pneumonia How long Seven days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. W. Heydecker, Jr.

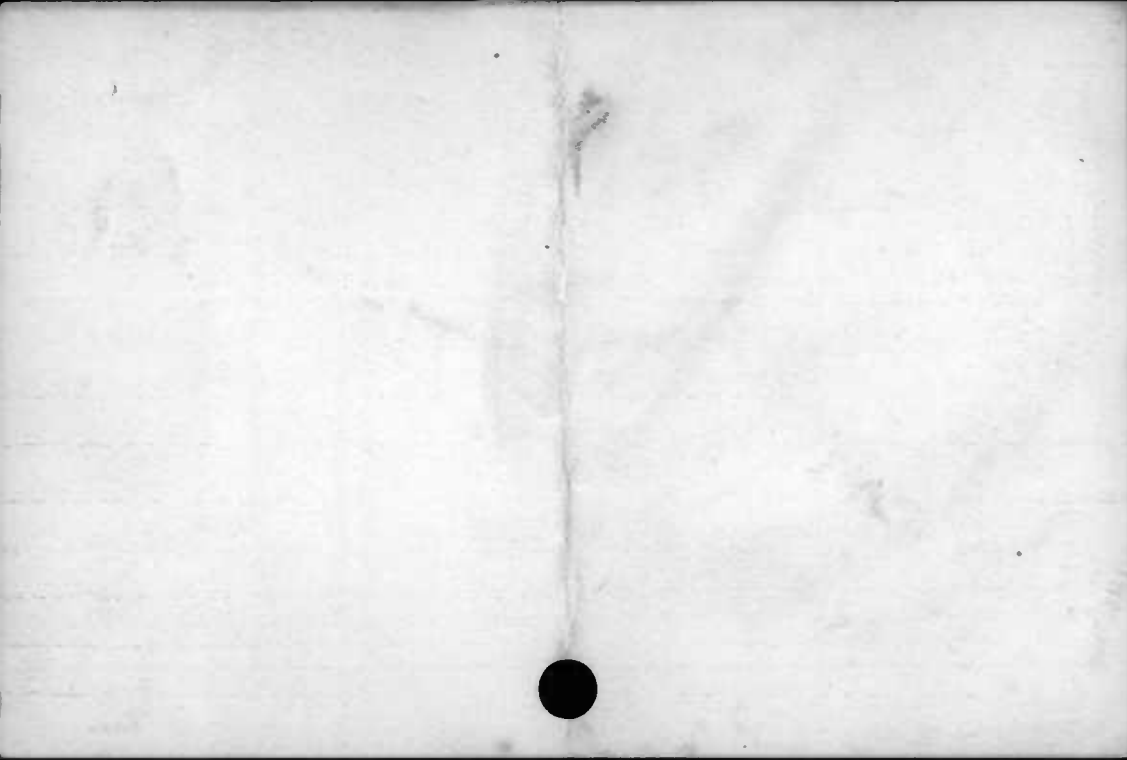
Address Parkton

Accident or Suicide?



Name in Full		Margaret Wisner				CERTIFICATE OF DEATH	
Died at		Town Buckleysville		County Bullo		MARYLAND	
Date of death 190		Month 9	Day 9	Age 80	Years	Months	Days
Sex Female		Color or Race white		Birth-place Ecklo			
Married, Single or Widowed Widow				Occupation			
Name of Wife or Husband George Wisner				104			
Father's Name James Mullenlough				Father's Birthplace Don't know			
Mother's Maiden Name Don't know				Mother's Birthplace Don't know			
Name of person giving information George Wisner				How related to deceased Son			
CAUSES OF DEATH							
Primary Acute Gastritis. wrote heart exhaustion				How long 3 weeks			
Immediate Inflammation of old age				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician D. M. Kesh. M.D.			
				Address Buckleysville Md			
Accident or Suicide?							

LIBRARY BUREAU A70216



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Canton</u> Town		<u>Baltimore</u> County		
		Date of death 190 <u>3</u>		Month <u>Sept.</u>	Day <u>19</u>	Years <u>31</u>
		Sex <u>Female</u>		Color or Race <u>White</u>	Birth-place <u>Baltimore Md</u>	Months <u>—</u>
		Married, Single or Widowed <u>Married</u>		Occupation <u>Housework</u>		
		Name of Wife or Husband <u>John Wittstadt</u>				
		Father's Name <u>Peter Behr</u>			Father's Birthplace <u>Germany</u>	
		Mother's Maiden Name <u>Margaret Grimmer</u>			Mother's Birthplace <u>Germany</u>	
		Name of person giving information <u>John Wittstadt</u>			How related to deceased <u>Husband</u>	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Pulmonary Tuberculosis</u>		How long <u>about one year</u>			
	Immediate <u>Exhaustion</u>		How long <u>one month</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Edw. M. Singwood</u>			
			Address <u>5 N. Washington St.</u>			
	Accident or Suicide?					

Sacred Heart Cemetery

Sept. 22nd 1903

Germanus Franca

Under the

Name
in
Full

Thos. Chew Worthington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Harrisonville*^{County} *Balto*

MARYLAND

Date
of death *1903*

Month

7

Day

14

Age

Years

80

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*Frederick Co*

Occupation

*farmer*Where Residing if not
at place of death*at Harrisonville*Married, Single
or Widowed*widowed*Name of Wife or
Husband*deceased*Father's
Name*Rezin H Worthington* *dec*Father's
Birthplace*Balto. Co*Mother's
Maiden Name*Rachel Shipley* *dec*Mother's
Birthplace*Frederick Co*Name of person giving
information*Dr. J.C. Worthington*How related
to deceased*son*

CAUSES OF DEATH

Primary

Senility

How long

18 days

Immediate

Coma from Exhaustion

How long

*18 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Jno. E T Bolte MD*

Address

*Harrisonville
Md.*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

Daniel York

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green Delight</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>27</i>	Age <i>17</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto co. Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Conrad York</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Christiana wagoner</i>			Mother's Birthplace <i>()</i>		
Name of person giving information <i>Conrad York</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Miliary Tuberculosis</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. H. Erb</i>	
		Address <i>Berksboro</i>	
Accident or Suicide?		<i>no</i>	

